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AMERICAN NERVOUSNESS: A STUDY IN MEDICINE AND SOCIAL VALUES IN THE GILDED AGE, 1870-1900

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AMERICAN NERVOUSNESS: A STUDY IN MEDICINE AND SOCIAL VALUES IN THE GILDED AGE, 1870-1900

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I dedicate this dissertation to my parents and my late grandfather, Francis George Gosling of Manchester, Iowa.

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MEDICINE IN THE GILDED AGE

I

Science enjoyed great prestige in late nineteenth-century America. Specific discoveries in this country and abroad, combined with the increasing secularization of life in general, created a spirit of enthusiasm and optimism in scientific circles and a touching faith in the wisdom of science among the public.[1] The reason for the prestige was clear enough. The public considered science the most important force in transforming the United States from a nation of individual shopkeepers and farmers to one of giant industrial organizations and massive agricultural combinations. This transformation, the public believed, had propelled the United States into the modern era and created a better standard of living for millions of Americans. Those benefitting from industrialization and thankful for the increasing comforts of everyday life showed their appreciation and promoted men of science to positions of authority and trust.[2] Scientists, for

their part, gave lectures and contributed articles to popular journals to keep the public aware of the latest scientific findings. They also stayed more or less abreast of European developments and impressed the public with their cosmopolitanism and professionalism.

While industrialization brought a better standard of living and increased comfort, many Americans experienced severe social and individual dislocations. Prospective employers and unscrupulous promoters lured millions of immigrants to these shores. The presence of these newcomers contributed to a number of problems, including a dramatic increase in the population of urban centers where the recent arrivals competed for jobs with old stock Americans and relocated agricultural laborers. This competition created animosities and added to the difficulties of urban life. The steady shift of population from rural to urban areas, resulting from the concentration of both agriculture and industry, also led to the demise of farm communities and the subsequent dominance of city mores. The heterogeneous environment of the city challenged values taken for granted on the farm. The faster pace of urban living created confusion in people reared in the relative homogeneity and serenity of rural America. Doubtless many found the city stimulating and adapted successfully. Without this successful adaptation the industrial growth of the United States would have proceeded at a far slower pace. There were Horatio Alger heroes and rural areas certainly provided their share. Other

Americans, however, made the transition from the old ways to the new with less success. Failures were evident in rising crime rates, a disturbing increase in mental illness, and an overall concern in society with preventing delinquency and defining the rules of decent behavior.

One group that definitely took advantage of the opportunities industrialization afforded was the urban middle class. Elements of this class became the primary decision-makers of industrial America and occupied positions of authority in the bureaucratic structure and in their respective professions. Full of confidence and determination, these professionals attempted to universalize their value system and convert the nation to middle class values.[3] The most important of these values were thrift and rationality, and the way to insure the inculcation of them among the citizenry was through proper character development. Economic activity was the ideal character-building exercise since it required self-denial and hard work--economic failure proved moral weakness. These professionals abhorred waste and irrationality and associated these negative values with the idle rich and the "tasteless" poor. This secular piety was highly functional in a rapidly industrializing society with its need for professional expertise and capital accumulation. Middle class members practiced a naturalistic Calvinism that preached the necessity of hard work and deferred gratification until scarcity ceased to be a fact of life.[4] This stern morality set standards not all could fulfill,

and such excessive demands physically or psychologically crippled individuals who were unable to cope with the increasing pressures of modern life. Membership in the new middle class, which promised prestige and power, also held the very real threat of sickness and failure. Individual and professional responses to this danger revealed much of the nature of social reality in the Gilded Age.

II

The American medical profession shared in the prestige and popularity of science in these decades of growth and change. Physicians became important community spokesmen and as such frequently served on committees and addressed local improvement societies. Politicians paid homage to medical men, solicited their support in campaigns, and sought their opinions on all important matters.

Not since colonial times had the medical profession enjoyed such popularity. In the decades immediately prior to the Civil War the public had held physicians in general disrepute. Poor medical education, the inconsistencies or absence of state licensing laws, and the public belief that treatment was unnecessarily painful all gave the profession an unsavory reputation. Few accredited medical colleges existed in the antebellum period and those that did offered limited and inferior training. Laxity in state licensing laws made it possible for virtually any enterprising young man to hang

out a shingle and go into medical practice.[5] The public was at least somewhat justified in associating pain with treatment. Heroic methods, most notably purging, were still widespread in these years, attesting to the continuing influence of Benjamin Rush's theories in American medicine.[6] While many well-meaning and hard-working physicians existed in the United States, their shortcomings and unpopularity attested to the relative immaturity of the profession and to the skeptical attitude of the general public.

The situation changed for the better following the Civil War. The war itself served as a laboratory and training facility for many of the nation's doctors. Medical men emerged from the conflict with a profound awareness of the weaknesses of their methods and theories and were determined to improve their skills. The war also gave birth to the specialty of neurology. Cases of shell-shock, malingering, and nerve impairment posed new problems of diagnosis and treatment. A number of wartime physicians spent the rest of their careers as neurological specialists. They formulated theories of the nervous system and added new dimensions to American medicine. Developments during the Civil War convinced physicians of the need for change and created new tensions within the profession.

The profession responded with a vigorous effort to upgrade and systematize the quality of educational facilities. The number of accredited medical institutions rose throughout

the period, and the scope and intensity of the curriculum improved. Despite progress, American medical schools remained inferior to European counterparts. While the latest Continental theories and discoveries entered the curriculum, most ambitious or wealthy American students continued to look upon a European sabbatical as indispensable to a complete medical education. There they could study with the acknowledged leaders in the profession and gain firsthand experience with the latest findings. The superiority of European medical training resulted largely from the sophistication of research methods growing out of a tradition of respect for pure experimentation.[7] The case was far different in the United States. Americans had long been known for their hostility toward experts and for their celebration of the common man. Experimentation for its own sake, such as that done in Europe, was alien to American utilitarianism.[8] The public even opposed medical dissections.[9] The anti-intellectual animus of the public produced an understandable aversion to pure research in the American scientific community. American medical researchers were unable to gain public funding for any but the most practical projects, ones that promised immediate benefits.[10] This narrowly defined the boundaries of acceptable research and reinforced the traditional conservatism of the profession. Complicating this picture was the fact that, at least until the Civil War, American intellectuals considered the legal and clerical professions as eminently more suitable

followings than the practice of medicine.[11] Consequently only a fraction of the fine minds in the country willingly chose medicine as a career and men of more limited capabilities controlled the profession. This changed in the postwar years. Then public awareness that pure research could have utilitarian value, combined with the growing recognition of the necessity for experts in an industrial society, created an atmosphere conducive to experimentation and favorable to scientific professions. American medicine continued to lag behind European developments, but physicians narrowed the gap and achieved significant progress in the quality of medical care in the United States.

Other important developments took place within the medical profession during these years. With the proliferation of educational facilities and the consequent increase in the number of qualified physicians, specialization became an important trend.[12] Medical specialization paralleled the growing division of labor in society as a whole and resulted in part from technical innovations that made it possible to examine specific parts of the body with increased precision. The rising specialty of gynecology, for instance, relied heavily upon the exactitude of several instruments designed to allow thorough analysis of the sexual organs, especially those of females. Specialization was most important in urban areas and had only a minor impact in rural communities where the general practitioner remained the dominant fixture. Even

in urban areas doctors specializing in certain problems often accepted all patients who called on them.[13] But specialization was the prevailing trend and its uses and abuses were frequent topics of debate in medical publications.

The controversy between gynecologists and their critics over the proper treatment of female complaints was especially bitter. Gynecologists and other specialists, critics argued, paid too much attention to local problems and thus neglected the overall health of the patient. Neurologists, in particular, criticized the localist nature of gynecological treatment and advocated instead the use of general or constitutional methods. They charged that gynecologists created morbid anxieties in their patients and preoccupied their minds with ovarian problems.[14] As radical surgical techniques, notably ovariotomy and clitorectomy, gained popularity in gynecological practice, neurologists stepped up their campaign of criticism. They argued that gynecologists destroyed marriages as they lured women into their offices with false promises of easy cure. Even worse, neurologists claimed, the methods of gynecological examinations shamed modest women and threatened their virginity.[15] They argued that many women believed themselves unfit to marry in decent society after experiencing the indecent probings of a gynecological specialist. Gynecologists did not remain silent in the face of these serious accusations. They defended radical surgery as a revolutionary step in medicine. Gynecologists

asserted that since women were naturally more neutral than men, they not only felt the deprivation of their sexual glands less but actually experienced a heightened moral sense.[16] Gynecologists also claimed that many more people had suffered at the hands of new drugs and new-fashioned theories than had suffered from ovarian treatments. Gynecologists announced that progress depended on "enthusiasts" in surgery who were willing to take chances and explore new methods in the interest of medicine.[17] The debate between gynecologists and neurologists illustrated that while specialization might produce better health care in the long run, at the moment it promoted conflict and jealousy in professional ranks.[18]

An attempt to place medicine upon a more scientific footing complemented increasing specialization. Making medicine "scientific" usually meant that doctors tried to base their diagnoses and treatments more upon facts resulting from laboratory and research work and less upon opinions resting on pure conjecture. Individual physicians assiduously gathered case studies and furthered the positivistic trend in American medicine. Research in medical schools and independent laboratories produced a growing mass of data that gave doctors more information on many problems.[19] Articles in medical journals reflected this positivistic style. They commonly began with a brief thesis statement and then offered an exhaustive catalogue of case summaries supporting the opening remarks. Changes in diagnosis and treatment naturally resulted from the in-

creasing positivism of the profession. Much of the opposition to reckless drugging was a response to findings indicating the dangers involved. Medical journals joined in the reappraisal of drug usage and refused to advertise nostrums proven to be unsafe or that contained secret ingredients.[20] The high rate of drug addiction among doctors' wives particularly alarmed the medical profession.

Research designed to refute the hypotheses of craniometry and phrenology changed medical opinions of these theories. Some craniometric and phrenological dogma survived in medical thought because of the relative lack of sophistication in research methods, the inability of the profession to disseminate data on a consistent basis, and the fact that some physicians accorded these theories scientific status.[21] Doctors accepted phrenological delineations of character, for instance, because they accounted for otherwise inexplicable phenomena and were compatible with the profession's interest in brain localization theories.[22]

The attention devoted to the medicinal qualities of electricity symbolized the profession's increasing modernization. Electricity had been used prior to the Civil War, but its potentialities became a consistent concern of the profession as whole and not just of isolated physicians or profiteering quacks during the Gilded Age. An extensive body of literature appeared in journals dealing with the choice of the correct current (galvanic or faradic), the length and frequency

of applications, and the proper placement of the electrodes during treatment. Elaborate equipment appeared, and physicians regarded the ownership of a dynamo as a professional necessity. The same form of power that was helping transform the nature of American society was a significant therapeutic factor in late nineteenth-century medical practice. George M. Beard, most famous for his work on neurasthenia, co-authored a textbook on the uses of electricity in diagnosis and treatment and maintained a lifelong interest in the subject. Like other physicians, Beard's views on electricity changed over the years. Convinced early in his career that electricity had a significant tonic effect, he later rejected this theory for one which held that the primary value of electricity was psychological. This shift in Beard's thinking reflected the profession's increasing concern with the subjectivity of symptoms and the growing conviction that the attitude of the physician was frequently the key to effective treatment. It also paralleled the changing theories regarding the proper placement of the electrodes during treatment. Originally applied to all parts of the body, by the end of the century the electrodes were almost exclusively confined to the cranial area. This shift in electrode placement paralleled the developments in neurophysiological research and thought in these years and their concern with psychological factors and the influence of mental states upon bodily processes.[23] The brain, as the center of thought, became the logical object of concern

in electrical therapeutics.

As a result of these specific changes in the profession and the prestige surrounding scientific pursuits in general, medicine was an important force in molding the opinions of late nineteenth-century Americans. Physicians became authority figures whose opinions carried weight in debates which transcended specifically medical issues. The public sought out doctors much as it had clergymen in earlier days. In their definitions of health and sickness, normal and abnormal, natural and unnatural, physicians laid bare the rationale behind many of the most important values of the emerging order and helped a generation of Americans deal with the changing social realities of industrialization and urbanization. Experiencing the birth pains of modernity at the same time as the rest of the country,[24] the medical profession made statements that mirrored the hopes and fears of Americans seeking to maintain a vigorous, hygienic equilibrium in an increasingly complex environment.

III

The necessity of evaluating existing practices within the context of evolutionary theory complicated the profession's task in these years. Between 1870 and 1900 American thought assimilated the findings of Charles Darwin and the theories of Herbert Spencer.[25] This process of assimilation profoundly influenced medicine. Laws derived from evolutionary theory rapidly permeated medical thinking and provided documentation

for members of all therapeutic persuations. An example of the way evolutionary principles modified pre-Civil War perceptions was in their impact on the mind-body problem. This dualism was a major issue in American philosophy in the antebellum years and was also influential in medical circles. Darwin gave the dualism a naturalistic dimension and regarded the mind as a later phylogenetic development and therefore higher product of evolution than the body. Americans abandoned Darwin's practical usage of the terms higher and lower and endowed the terminology with a teleological significance. They made higher and lower synonymous with superior and inferior and used them to make judgments about the moral character, intelligence, and social tendencies of individuals, nations, and even entire races.[26] The anthropological relativism that gained popularity in the twentieth century was unsuited to a generation intent upon "proving" the superiority of Anglo-Saxon, and especially American, cultural achievements. The medical profession applied evolutionary insights to all sorts of medical and social issues and lent its prestige to the campaign to document this superiority.

The dynamics of family life concerned physicians greatly. Germ theories and the concept of social organicism[27] reinforced the prevalent belief that the proper functioning of the family was the key to individual and national health and prosperity and that the lack of home training and discipline led to idleness, discontent, and an increase in nervous complaints.[28]

The medical profession played an important role in easing the fears of those who thought the future of the family was in danger. These fears were not unfounded; urban conditions did appear to be threatening the stability of the nuclear family. The economic problems of the family changed radically in urban areas. Large numbers of children, once necessary to help with farm chores, now seemed an enormous burden. The high costs of city life frequently required the wife to leave home in search of supplemental income, thus jeopardizing the stability of the family and posing a threat to existing sexual roles. Professions demanded an increasingly extensive educational background of their members. This required couples to delay marriage until the husband completed his studies thereby increasing the average age of marriage and lowering the birthrate among the educated classes. Couples with children often feared that the attractions of the city would act as a corrupting influence. They realized that the hazards of the urban environment posed a threat to the health and well-being of their children. Instinctively these people turned to the medical profession for advice. They were not disappointed. Physicians eagerly assumed their roles as secular clerics and issued a seemingly endless stream of manuals dealing with such concerns as courtship procedures, child-rearing techniques, and sexual niceties. The invocation of evolutionary terminology lent additional scientific authority to medical advice on marriage and family problems.

Several conclusions derived from Darwinian theory proved particularly valuable to physicians in their counseling. The first of these held that monogamy was the highest development in the relationship between the sexes. The ability of men and women to limit themselves to a single partner distinguished them from animals and savages, demonstrating that intelligence and morality had replaced brute instinct in human affairs.[29] Monogamous marriage was pictured as an institution borne of advanced civilization with its sovereignty of the nervous and mental over the purely muscular and animal activities.[30] Physicians also extrapolated the proper relationship between the sexes within monogamous marriage from evolutionary thinking. They argued that the man was responsible for providing the family with material needs while the woman was to stay at home and rear the children. Having had greater exertion through time, the male consequently had a well-developed intellect. He was also aggressive, domineering, and relatively unemotional. By virtue of her dependent position in the relationship, the female had developed different characteristics. She was physically inferior to the male because of a biological peculiarity: her individual evolution had stopped earlier in time to allow for a "reserve force" for reproduction.[31] Her intellect was less developed than man's and she was largely a creature of impulse and emotion. Woman's domestic role also had bred in her higher values and a more contemplative and subdued nature. In evolutionary terminology, and

in accordance with the law of degeneracy, woman was inferior by virtue of her superiority. She possessed finer sensibility and moral sense, but since these were the latest acquisitions of evolution they were tenuous and most susceptible to degeneration.[32] The scientific status accorded Darwin's system buttressed the position of male dominance in American society. Not only were male and female roles seen as founded in the peculiarities of the social system and the lessons of the Bible, they were rooted in fundamental biological laws.[33]

Medical belief in the law of heredity also played an important part in parental counseling. The pertinent passage in the law stated that the characteristics of the parents would be passed on to their offspring. Reproduction was the mechanism of social evolution and was accordingly a central concern of the medical profession. Doctors looked upon themselves as the only persons qualified to give trustworthy information on sexual matters and believed that there was no other subject that came within their daily purview upon which people were more anxious to be correctly informed.[34] Parents, physicians lectured, had a responsibility to themselves and to society as a whole to bring healthy children into the world. Following the logic of hereditary principles, doctors urged parents to avoid excesses of all kinds since the bad effects would be transmitted to their children and contribute to racial degeneration.[35] Parental health was essential to the continued greatness of the American people. Doctors were especially

concerned with preserving the health of young women since they were the future mothers of America. Because women were more excitable and less stable than men, they must not read lascivious literature, especially romantic novels, lest they disturb their nervous organization and set off a chain of events leading to impure thoughts or practices.[36] Physicians also believed that many of woman's ills stemmed from errors in dress, especially tight-lacing. Physicians even warned young men not to marry women who had indulged in tight-lacing because they would later regret the decision.[37] Doctors also opposed higher education for women on the grounds that the long hours of study and constant excitation would lead to nervous prostration and rob the future mother of reproductive power. Children of nervous parentage would inherit a tendency to weakness and would likely be more nervous than their parents.[38] Parents who violated natural laws not only harmed their personal health but also tainted their offspring. For instance, people should engage in intercourse only to perpetuate the race and never merely to gratify their desires. Frequent intercourse would only destroy the delicate balance of the female and endanger the health of any child borne of such sensuality.[39] Heredity replaced the devil as the medium for punishing transgressions of the law. The sins of the parents would be visited upon their progeny to the last generation.[40] Physicians resorted to a secularized version of divine retribution in arguing that, while people who committed excesses might appear out-

wardly healthy, they would sooner or later suffer the consequences of their indulgences.[41] Doctors hoped that the inevitability of punishment would act as a preventitive to those tempted to violate hygienic laws.

According to the medical profession certain environmental conditions of urban life threatened the health of children. Factors such as noise and poor air jeopardized the nervous equilibrium of children.[42] The hot-house atmosphere of city schools placed an intense strain on the child's nervous structure and interfered with the natural evolutionary development of his mental capabilities.[43] Children growing up in cities also failed to get enough physical exercise because of the lack of open space and the shortage of recreational facilities. The greatest concern of parents and physicians alike was that habits of self-abuse would result from weaknesses in family discipline. Masturbation was one of the cardinal sins of America in the Gilded Age. Whether they viewed the problem as a moral evil or a physical delinquency, medical men opposed the noxious practice and thought that it signified a lack of personal discipline.[44] They warned parents that children had to learn restraint since a continuation of the practice would certainly result in mental or physical harm. The belief in the energizing properties of semen explained why criticisms of masturbation centered on male offenders.[45] Expenditure via ejaculation led to insanity since it concentrated the youth's attention on his reproductive organs and

developed ideas of impotence, physical or moral ruin, and irrational yearnings.[46] The medical profession presented several solutions to this dangerous problem. Some physicians advocated that genital nerves be surgically severed.[47] Others argued that physical exhaustion led to self-restraint and consequently favored muscular exercise carried to the point of lassitude as a deterrent to "genesic irritability."[48] Physicians disagreed among themselves over the desirability of reticence in sexual matters such as masturbation. The debate boiled down to a consideration of the relative merits of ignorance and knowledge.[49] Some doctors thought that ignorance of reproductive functions had prevented abusive practices and blamed newspaper sensationalism and sex education in schools for causing children to go astray.[50] Critics of reticence held that the sexual instinct, as the great weapon of evolution, should be curbed and restrained but that ignorance merely excited the imagination and tempted youngsters to experiment with their sexual apparatus.[51] The lack of unanimity in the profession confused the public and complicated the individual physician's counseling tasks.

As the social problems of urban living multiplied, Americans changed their opinions regarding the advisability of continuous and unrestricted immigration.[52] The traditional idea that the United States was the melting pot of the world gave way to a pessimistic nativism that viewed immigrants as a threat to the American way of life.[53] This pessimistic

atmosphere contributed to later efforts to restrict immigration and to disenfranchise the newcomers. Physicians, for the most part of middle class backgrounds,[54] had little in common with the masses of aliens and warned against the dangers of further immigration. Evolutionary thinking played a central role in the profession's reaction to immigration. Doctors looked at the disproportionate number of foreign insane, for instance, and, unwilling to believe that the environment was the causative factor, attributed the high rate to racial deficiencies. This argument fitted nicely with the medical profession's evolutionary analysis of higher and lower cultures. According to this analysis, immigrants came from lower, i. e. inferior, cultures and therefore had understandable difficulty acculturating themselves to the superior racial and cultural endowments of this country. Doctors made little attempt to deal sympathetically with the problems of immigrant populations. This lack of concern reflected a declining sense of responsibility for the underprivileged among the American middle class in general.[55] The confusion and impersonality of the industrial order had created a situation in which social and scientific laws had assumed more importance than personal values.[56] This development coincided with the hiatus of the New England conscience resulting from the ascendance of naturalistic thinking.[57]

Physicians exhibited this impersonality in several ways. They were largely responsible for the demise of the dispensary

system.[58] This system, which had thrived throughout the nineteenth century as an inexpensive source of medical care for the less fortunate, fell into disuse in the face of foreign population concentrations. Dispensaries had been founded when American society was relatively homogeneous, when the distance between physician and patient was small, and when charity was considered a duty of those who were well off. Cultured physicians, who could often trace their ancestry back to the Puritans, found it unpalatable to minister to foreign laborers who practiced strange customs and could not even speak English. This widened the distance between physician and immigrant and made it easier for each to view the other with suspicion and hostility.[59] The medical profession also showed its disapproval of immigrants by issuing alarmist statements "proving" that foreign birthrates were so high that the future of the race was in jeopardy. Physicians believed the intermingling of blood with foreign elements threatened racial purity and that the only salvation for native stock was to match the higher birthrates of the immigrants. Doctors displayed a similar callousness toward the problems of American blacks. Like immigrants, blacks suffered because of their racial heritage. The presumed sexual appetites of blacks, combined with their lack of ethical sentiment, "proved" that they were closer to being animals than humans. Physicians resorted to phrenology and craniometry in arguing for black inferiority. They pointed to the high rate of black insanity as proof of the folly of

emancipation and occasionally predicted that the race would disappear in the struggle for existence.[60]

According to evolutionary theory the ability to think separated man from the animals. The medical profession spent much of its time trying to fathom the nature of the thinking process and to discover the reasons for the brain's occasional malfunctions. Insanity, previously thought of as a visitation of the devil or punishment for a moral transgression, was studied within the context of normal cerebration.[61] Alienists and neurologists strove to uncover the mysterious ways in which the brain and the nervous system interacted and to find methods of predicting and correcting periodic failures. Utilizing the language of chemistry and physics, physicians applied mechanistic and materialistic definitions of the functioning of the human body in their attempt to understand mental activity.[62] The belief in the theory of brain localization stimulated extensive experiments designed to isolate specific processes and locate their cerebral placement. Physicians believed that malfunctions of the nervous system resulted from physical lesions which caused disorder through reflex action. This theory obviously depended upon the discoverability of an actual lesion. As time went by and postmortems revealed the absence of physical evidence in many cases, a crisis developed in this somatic style of medicine.[63] Neurologists in particular began to explore the possibility that psychological factors exercised an influence over the nervous system. They discovered

that the mental state of a patient often affected his bodily functions even in the absence of observable physical stigmata. Some physicians feared that therapeutic nihilism would result if subjective symptoms were treated seriously. They argued that medicine could not in good faith claim to be scientific if it made emotions a basis for the study of the nervous system and its functions.[64] Many important neurologists persisted, precipitating a crisis in the medical perceptions of mental normality and abnormality.

Conflicting views on faith cures illustrated the dimentions of the crisis. Some doctors simply rejected out of hand the claims of cure coming from mind-healers, faith-healers, and Christian Scientists. They asserted that faith-healing cults were, evolutionarily speaking, throwbacks to earlier forms of religious practice. Their mixture of mysticism and fiction was a reversion to more primitive times when suspicion and darkness ruled the world and man needed miracles as proof of God's existence. Physicians who criticized mental healers accused them of being paranoics and argued that their brand of mental science was a parasitic growth on the tree of knowledge.[65] Other medical men approached the claims of curists with less hostility and more curiosity. They argued that there was a grain of truth in even the rankest error and that medicine certainly had no apparent monopoly on the power of healing.[66] These physicians believed that the mind influenced body conditions and that subjective factors were

worthy of medical consideration. They recognized the importance of patience and persistence on the part of physicians in treating patients suffering from emotional disturbances and felt that even the most trivial complaints could be of importance.[67] While they believed in the potency of expectation and hope as a method of cure, these physicians still maintained that medicine was the science that could best promise lasting results. The optimism of the medical profession, reflecting its growing popularity and pride in recent discoveries, convinced its members to oppose the unscientific nature of mind cure practices.

The debate in medical circles over the ethics and potentialities of hypnotism was clearly related to the medical care problem. Those physicians committed to strict somaticism rejected hypnotism because it threatened the free will of the patient and was unscientific. Some even feared that unscrupulous members of the profession might take advantage of hypnotized female patients. Other physicians examined the way hypnotism influenced mental processes. They explored the possibilities of using hypnotism to convince tha patient of the certainty of cure. Physicians who thought that the study of the emotions was a legitimate enterprise also tended to be more open-minded with regard to hypnotism than those doctors who opposed the study of subjective factors.

Advocates and critics of the somatic style differed most sharply in their views on insanity. Then as now defini-

tions of insanity were inadequate though highly technical. Proponents of the somatic style argued that insanity resulted from brain lesions. The important point, however, was the way in which these lesions were acquired. Somaticists maintained that man, being endowed with free will and moral responsibility, became insane through choice. Insanity was the end product of a life of vice or crime and was avoidable. While the law of heredity showed that traits common to the parents were passed on to their children, strict somaticists argued that the law did not preclude the possibility of an individual leading a moral life and overcoming negative stigmata. Right-thinking and clean living could negate all but the most odious characteristics.[68] Opponents of the somatic view argued from a highly deterministic point of view. They commonly pointed to eccentricities in parents, grandparents, and more distant relatives and concluded that the patient was bound to become insane, that he had no choice in the matter.[69] A majority of physicians found this view unpalatable and argued that free choice and moral responsibility were the cornerstones of American civilization. The idea that insanity could neutralize these characteristics was dangerous to societal order.

These opposing positions clashed most violently in trials where the defendant's sanity was the central issue. Prior to the Civil War, physicians seldom testified in criminal proceedings. With the increasing prestige and specialization of the profession, however, forensic medicine became the do-

main of several prominent physicians. In the most highly publicized insanity trial of the period, that of President Garfield's assassin Charles Guiteau, both the prosecution and the defense eagerly sought medical opinion to bolster their positions.[70] According to the prosecution, Guiteau's condition of insanity resulted from his life of vice and laziness, a life, most importantly, of his own choosing. Prosecutors pointed to the defendant's irregular financial habits, his extreme religious beliefs, his brutality toward his wife, and his alleged sexual excesses as evidence that Guiteau's mental state was a product of his life of depravity and weakness and that he was therefore responsible for his crime. The defense took a different approach, arguing that immediate members of Guiteau's family, specifically his father, showed unmistakable signs of mental imbalance. It was only common sense to assume that the defendant had inherited his condition and was therefore not responsible for his actions. There was never any doubt about the outcome of the trial. Not only was Guiteau an immigrant, but he had shot the President of the United States. Given the moral climate of the times there was no possibility that Guiteau would escape punishment. The importance of the trial, however, far transcended this pitiable figure. The terms of the debate over Guiteau's mental state clearly illustrated the competing views of insanity in the medical profession. The prosecution echoed the tenets of America's civilized morality and epitomized the symbiotic

relationship between those tenets and medical thought.[71]

IV

The American medical profession made significant progress during the Gilded Age. The average physician was better educated and more technically skillful. He was aware of the latest findings in medical research and often tried to incorporate those findings into his everyday practice. The profession as a whole grew larger, more specialized, and increasingly optimistic. The general public took medical opinions seriously, and individual physicians and the profession in general enjoyed a generous measure of popularity and respect. Despite this progress, etiological uncertainty still existed. Combined with the profession's disinclination to admit ignorance, this led to a blending of social and moral judgments with medical advice.[72] Emotion-laden metaphors were common, especially since etiological knowledge seemed to underscore the unity between medical and moral truths.[73] The most frequently used of these metaphors was a mixture of medical and economic terms. This was the concept of nervous bankruptcy which assumed that each individual had a fixed amount of nervous capital. The applications of this energy theory illustrated the interrelationships that existed between medical and social thought. Doctors believed that an expenditure in excess of that generated from day to day would deplete the reserve stock of nerve force in an individual and "embarass" the workings of

some part or parts of the nervous system. No actual disease need be present for this to occur.[75] The individual who overdrew on his savings would be in a state of nervous bankruptcy.[76] Only those who followed the law of supply and demand avoided imbalances or overdrawals. Those who observed hygienic laws and eliminated excessive wastes of nervous energy accumulated savings. Physicians used this mercantilist concept in combination with hereditarian theory to impress parents with the importance of building up the nerve capital of the child from the day of its birth.[77] Parents owed it to their children and the race as a whole to practice deferred gratification so that the child would not inherit an overdrawn savings account of nerve force.

The invocation of economic analogies evidenced the American medical profession's affinity for middle class values and illustrated that the internal logic of medicine and values in the greater culture were intimately related.[78] Physicians believed that thrift was necessary to preserve individual health while the middle class believed it was necessary for family stability and national progress. Sharing common backgrounds and assumptions with urban professionals, doctors provided scientific proof for middle class truth.[79] Health was synonymous with normality, and the profession defined normality from a middle class point of view. Medicine had made significant progress in these years, but much of the profession's popularity and prestige came because its pronouncements made

particular sense to an increasingly important segment of American society.

CHAPTER I

FOOTNOTES

[1]Howard D. Kramer, "The Germ Theory and the Early Public Health Movement in the United States," Bulletin of the History of Medicine, 22 (1948), 244.

[2]Stow Persons, American Minds: A History of Ideas (New York: Holt, 1958), 222.

[3]Robert Wiebe, The Search For Order, 1877-1920 (New York: Hill & Wang, 1967), 111.

[4]Richard Hofstadter, Social Darwinism in American Thought (Revised edition; Boston: Beacon Press, 1955), 10.

[5]State licensing laws were not so lax that many women were allowed to practice medicine. Elizabeth Blackwell received a degree in 1849, but prior to the Civil War there were very few female physicians.

[6]Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick: Rutgers University Press, 1964), 17.

[7]Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," Bulletin of the History

of Medicine, 46 (1972), 546.

[8]Merle Curti, The Growth of American Thought, 2nd edition (New York: Harper, 1951), 517.

[9]Richard Harrison Shryock, Medicine in America: Historical Essays (Baltimore: The Johns Hopkins Press, 1966), 22.

[10]Ibid., 83.

[11]Phyllis Allen Richmond, "American Attitudes Toward the Germ Theory of Disease (1860-1880)," Journal of the History of Medicine, 10 (1954), 431.

[12]C. H. Hughes, "Neurasthenia," Alienist and Neurologist (St. Louis), 15 (1894), 355.

[13]Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," Bulletin of the History of Medicine, 41 (1967), 223-253.

[14]James G. Kiernan, M. D., "Inter-Complications of Neurasthenia," Journal of the American Medical Association (Chicago), 29 (1897), 583.

[15]L. Bremer, M. D., "On the Reflex Theory in Nervous Disease," Journal of Nervous and Mental Disease (Baltimore), 17 (1892), 575.

[16]David Tod Gilliam, M. D., "Oophorectomy for the Insanity and Epilepsy of the Female: A Plea for its More General Adoption," Transactions of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons (Philadelphia), 9 (1896), 319.

[17]E. Arnold Praeger, M. D., "Is So-Called Conservatism in Gynecology Conducive of the Best Results of the Patient?" Transactions of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons (Philadelphia), 8 (1895), 323.

[18]This conflict and jealousy often existed within the ranks of the same specialty. Neurologists, for instance, certainly showed no hesitation in heaping abuse on each other. Particularly acrid was the running debate between asylum superintendents, many of whom were old-styled alienists, and their militant critics over the correct interpretation of mental problems. For examples of both sides of this debate, first for the superintendents, see C. H. Hughes, M. D., "Notes on Neurasthenia: From an Alienist's Standpoint, Intended, Mainly, to Introduce the Views of a Pioneer Writer," Alienist and Neurologist (St. Louis), 1 (1880), 437-449, and, for the critics, Edward C. Spitzka, M. D., "Reform in the Scientific Study of Psychiatry," Journal of Nervous and Mental Disease (Baltimore), 5 (1878), 201-228.

[19]Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," Bulletin of the History of Medicine, 41 (1967), 223-253.

[20]David L. Dykstra, "The Medical Profession and Patent and Proprietary Medicines During the Nineteenth Century," Bulletin of the History of Medicine, 29 (1955), 401-419.

[21]John Davies, Phrenology: Fad and Science; A

Nineteenth Century Crusade (New Haven: Yale University Press, 1955), 140.

[22]John Chynoweth Burnham, Psychoanalysis and American Medicine: 1894-1918; Medicine, Science, and Culture, Vol. 4, no. 4, monograph 20 of Psychological Issues (New York: International Universities, Inc., 1967), 49.

[23]Edward Stainbrook, "The Use of Electricity in Psychiatric Treatment During the Nineteenth Century," Bulletin of the History of Medicine, 22 (1948), 167, and Edward C. Mann, M. D., "Inebriety Considered as a Disease," Medical Times (New York), 14 (1886), 525.

[24]Shryock, Medicine in America, 22.

[25]For general discussions of Darwin's impact on American thought see Hofstadter, Social Darwinism, and Stow Persons, ed., Evolutionary Thought in America: How Scientific Theories of Evolution Have Affected Social and Humanistic Thought (New York: George Braziller, Inc., 1956).

[26]John S. Haller, Jr., "Concepts of Race Inferiority in Nineteenth Century Anthropology," Journal of the History of Medicine, 25 (1970), 46.

[27]Wiebe, Search for Order, 140.

[28]Myra Knox, M. D., "Neurasthenia," Occidental Medical Times (San Francisco), 11 (1897), 505.

[29]Nathan G. Hale, Jr., Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917 (New York: Oxford University Press, 1971), 108.

[30]Anna Hayward Johnson, M. D., "Neurasthenia," Philadelphia Medical Times, 11 (1880-1), 737.

[31]This is the phrase of Herbert Spencer in "Psychology of the Sexes," Popular Science Monthly, 4 (1873-4), 31-32.

[32]Arthur Conklin Brush, M. D., "Cerebral Neurasthenia," Medical-Legislative Journal (New York), 15 (1897-8), 178, and Edward Cowles, M. D., "The Mental Symptoms of Fatigue," New York Medical Journal, 57 (1893), 348.

[33]David M. Kennedy, Birth Control in America: The Career of Margaret Sanger (New Haven: Yale University Press, 1970), 59-60.

[34]Irving C. Rosse, M. D., "Sexual Hypochondriasis and Perversion of the Genesic Instinct," Journal of Nervous and Mental Disease (Baltimore), 17 (1892), 798.

[35]This assumption pervaded medical literature in this period. One good example is Thomas Layton, M. D., "On the Transmission and Transformation of Nervous Diseases Through Heredity," New Orleans Medical and Surgical Journal, n. s. 10 (1882), 173-194.

[36]John S. and Robin M. Haller, The Physician and Sexuality in Victorian America (Urbana: University of Illinois Press, 1974), 103-105.

[37]Dio Lewis, M. D., "The Health of American Women," North American Review, 135 (1882), 510.

[38]Cyrus Edson, "Do We Live Too Fast?" North American Review, 154 (1892), 284.

[39]J. Sanbourne Bockoven, M. D., Moral Treatment in American Psychiatry (New York: Springer Publishing Co., Inc., 1963), 83.

[40]Alice B. Stockham, Tokology: A Book for Every Woman (New York: R. F. Fenno and Co., 1893), 47, 56.

[41]Thos. F. Rumbold, M. D., "The Effects of Excesses on the Mind of Professional and Business Men," Saint Louis Medical and Surgical Journal, 48 (1885), 198.

[42]I. P. Willits, M. D., "Some Causes of Nervous Phenomena in Children,"Philadelphia Medical Times, 2 (1898), 294-296, and W. B. Platt, "Certain Injurious Effects of City-Life," Journal of Social Science, 24 (1888), 24-30.

[43]Edward C. Mann, "Modern Nervous Diseases," Southern Clinic (Richmond), 4 (1881), 503. For a secondary source on education in the Gilded Age see John Duffy, "Mental Strain and 'Overpressure' in the Schools: A Nineteenth-Century Viewpoint" Journal of the History of Medicine, 23 (1968), 63-79.

[44]J. H. M'Cassy, M. D., "Adolescent Insanity and Masturbation: With Exsection of Certain Nerves Supplying Sexual Organs as the Remedy," Cincinnati Lancet-Clinic, 37 (1896), 342, and Lawson Tait, M. D., "Masturbation," Medical News (Philadelphia/New York), 53 (1888), 1.

[45]Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael Gordon (New York: St. Martin's Press, 1973), 336-372.

[46]James Brown, M. D., "Neurasthenia, or Nervous Exhaustion," Transactions of the Wisconsin State Medical Association, 12 (1878), 114, and Ro. J. Preston, M. D., "Sexual Vices--Their Relation to Insanity--Causative or Consequent," Virginia Medical Monthly, 19 (1892-3), 197. For historical perspectives on this subject see E H. Hare, "Masturbatory Insanity: The History of an Idea," Journal of Mental Science, 108 (1962), 1-25, and Robert H. MacDonald, "The Frightful Consequences of Onanism: Notes on the History of a Delusion," Journal of the History of Ideas, 28 (1967), 423-431.

[47]J. H. M'Cassy, M. D., "Adolescent Insanity and Masturbation: With Exsection of Certain Nerves Supplying Sexual Organs as the Remedy," Cincinnati Lancet-Clinic, 37 (1896), 342.

[48]Irving C. Rosse, M. D., "Sexual Hypochondriasis and Perversion of the Genesic Instinct," Journal of Nervous and Mental Disease (Baltimore), 17 (1892), 810.

[49]David J. Pivar, Purity Crusade: Sexual Morality and Social Control, 1868-1900 (Westport: Greenwood Press, Inc., 1973), 189.

[50]G. Frank Lydston, M. D., "Lecture on Masturbation and Sexual Excesses," Tri-State Medical Journal (St. Louis), 3 (1896), 164.

[51]Lawson Tait, M. D., "Masturbation," Medical News (Philadelphia/New York), 53 (1888), 1.

[52]George M. Frederickson, The Inner Civil War: Northern

Intellectuals and the Crisis of the Union (New York: Harper & Row, 1965), 204.

[53]Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought (New Brunswick: Rutgers University Press, 1963), 54.

[54]Dain, Concepts of Insanity, 97, and Burnham, Psychoanalysis and American Medicine, 49.

[55]Bockoven, Moral Treatment, 86, and Albert Deutsch, "The History of Mental Hygiene," in One Hundred Years of American Psychiatry, ed. by H. A. Bunker ([For the American Psychiatric Association]; New York: Columbia University Press, 1944), 177.

[56]John C. Whitehorn, "A Century of Psychiatric Research in America," in One Hundred Years of American Psychiatry, ed. by H. A. Bunker ([For the American Psychiatric Association]; New York: Columbia University Press, 1944), 177.

[57]Persons, American Minds, 221.

[58]Charles E. Rosenberg, "Social Class and Medical Care in Nineteenth Century America," Journal of the History of Medicine, 29 (1974), 32-54.

[59]Bockoven, Moral Treatment, 84.

[60]John S. Haller, Jr., "The Physician Versus the Negro: Medical and Anthropological Concepts of Race in the Late Nineteenth Century," Bulletin of the History of Medicine, 44 (1970), 154-167. This article is Chapter Two in Haller's book Outcasts From Evolution: Scientific Attitudes of Racial

Inferiority, 1859-1900 (Urbana: University of Illinois Press, 1971).

[61]Dain, Concepts of Insanity, 4.

[62]Hale, Freud and the Americans, 51.

[63]For a detailed account of this crisis see Chapters Three and Four of Hale's Freud and the Americans, entitled "The Somatic Style, 1870-1910," and "The Crisis of the Somatic Style, 1895-1910" respectively; 47-97.

[64]For an illustrative debate between neurologists on the question of the study of the emotions see George M. Beard, M. D., "The Influence of the Mind in the Causation and Cure of Disease--The Potency of Definite Expectation," Journal of Nervous and Mental Disease (Baltimore), 3 (1876), 429-436. Particularly instructive is the exchange on 433.

[65]Ludwig Bremer, M. D., "Current Fallacies About Nervous Prostration," St. Louis Clinique, 7 (1894), 155, James Henrie Lloyd, M. D., "Faith-Cures," Medical Record (New York), 29 (1886), 349, and J. P. Widney, M. D., "The Faith-Cure Fallacy," Southern California Practitioner (Los Angeles), 1 (1886), 121.

[66]Frederick T. Simpson, M. D., "Acquired Cerebral Neurasthenia," Yale Medical Journal, 1 (1894-5), 114, and Joseph Collins, M. D., "The Etiological Treatment of Neurasthenia. An Analysis of Three Hundred and Thirty Three Cases," Medical Record (New York), 55 (1899), 419.

[67]E. W. Mitchell, M. D., "Faith-Cure, Mind-Cure, and

Christian Science," Cincinnati Lancet-Clinic, n. s. 20 (1890), 411.

[68]J. R. Briggs, M. D., "Reflections on Physical and Mental Culture, in Reference to Hereditary Predispositions--Habit--Normal Automatic Mind Action--Automatic Mental Action, Resulting From Stimulants and Narcotics--Clinical Aspects, and Suggestions for Physiological and Psychological Advancement," Transactions of the Texas State Medical Association (Prize Essay), 1886, 563.

[69]The difference between strict somaticists and their critics was not as firm as this might imply. All physicians of the time believed that insanity was a physical disease. The difference usually reflected the conflicts within the profession and within certain specialties. In the case of Guiteau, for instance, the line was drawn between those neurologists associated with the asylum superintendents and the younger members of the specialty.

[70]For a general discussion of forensic medicine in particular and the trial as a whole see Charles E. Rosenberg, The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age (Chicago: University of Chicago Press, 1968).

[71]Hale, Freud and the Americans, 24f.

[72]Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," Bulletin of the History of Medicine, 41 (1967), 235.

[73]Charles E. and Carroll Smith-Rosenberg, "Pietism and

the Origins of the Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," Journal of the History of Medicine, 23 (1968), 31.

[75]A. L. Ranney, M. D., "Some Facts Relating to the Causes and Cure of Sleeplessness," New York Medical Journal, 53 (1891), 357.

[76]John D. Quackenbos, M. D., "Cause and Recent Treatment of Neurasthenia," Atlantic Medical Weekly (Providence), 1 (1897), 20.

[77]I. N. Love, J. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 524. A good example of the use of economic language in medical literature can be found in J. S. Green, M. D., "Neurasthenia: Its Causes and Home Treatment," Boston Medical and Surgical Journal, 109 (1883),77:

> The patient may be likened to a bank whose specie reserve has been dangerously reduced, and which must contract its business until its reserve is made good; or to a spendthrift, who has squandered his inheritance; or to a merchant, who has expanded his business beyond what his capital justifies, until he comes to the verge of bankruptcy. The one must collect promptly and shorten his credits, and otherwise gradually but steadily and resolutely restore his business to a safer basis; the other must rigidly limit his expenditure until it is sufficiently within his lessened income, with a margin for emergencies.

[78]Shryock, Medicine in America, 308.

[79]Haller, Outcasts From Evolution, x.

CHAPTER II

THE CAUSES OF NERVOUSNESS

I

Nervousness was one of the most important and perplexing medical problems during the Gilded Age. Doctors believed that neurasthenia,[1] the clinical term for nervousness, was a modern malady and that the members of the professional and educated classes had a particular susceptibility to the ailment. The medical profession sympathized with the stricken members of their class and background and spent an extraordinary amount of time and energy formulating a comprehensive theory of the nervous system and developing a systematic treatment of neurasthenia that would protect the health of middle and upper class Americans. Neurasthenia, physicians noted, had an infinite number of warning signs. George M. Beard compiled a list of these signs in American Nervousness that included the neuropathic diathesis, early and rapid decay of teeth, premature baldness, the unprecedented beauty of American women, an increased susceptibility to narcotics and stimulants, the strain of puberty, American humor and oratory, the change in types of disease in the past fifty years, and the intensity of

animal life on this continent.[2] The vague and subjective nature of these signs frustrated a profession bent upon diagnostic certainty and scientific objectivity and tempered the optimism of those who believed that the mysteries of the nervous system would be discovered in short order. The lack of a comprehensive theory of the nervous system forced doctors to rely on common sense and a priori judgments in cases of neurasthenia. They viewed nervous problems within a moral and normative context and regarded illness as a departure from accepted standards of behavior and established laws of health.[3] Medical analyses of neurasthenia clearly revealed the symbiotic relationship that existed between medical and social thought in these years of professional uncertainty and societal flux.

Combining nationalistic pride with evolutionary theory, physicians attributed the dangerous increase of neurasthenic cases to the high state of American civilization. As a result of the dominance of mental over physical labor that signified the evolutionary maturity of the United States, they argued, many people suffered from various nervous problems.[4] Since the nervous system was highly differentiated and of recent evolutionary origin, demands upon the nervous centers were more disastrous in their ultimate results than the effects of overwork of the muscular system. Manual laborers had little to fear since their muscular development held their emotional centers down to a safe level.[5] The people

in danger were the brain-workers of the professional and educated classes. The wives of urban brain-workers suffered disproportionately from functional forms of nervous diseases like neurasthenia because their fragile systems were even more easily upset than those of men of their station.[6] The medical profession applied this pathological law of mental labor to the industrial situation and warned that the nature of society threatened the health of America's best citizens.

The physician most responsible for spreading this doctrine was a New York neurologist, George M. Beard. Beard first voiced his opinion in a speech given before the New York Medical Journal Association in 1869.[7] In this and subsequent speeches and publications, he argued that neurasthenia (nervous exhaustion) was a product of modern culture and that the professional and business elements of this nation constituted the bulk of neurasthenic patients. Nothing like neurasthenia existed in ancient times, Beard maintained, and he pointed to the absence of nervous ailments in Athens as proof. Life in old Greece was one long picnic compared to life in industrial America.[8] Beard believed that cities, traditionally viewed as centers of culture and creation, posed threats to health. He agreed with those who considered cities as departures from the natural mode of existence lacking the tranquilizing influences of natural surroundings.[9] This was one reason, according to Beard, for the low rate of neurasthenia in the American South. Northerners worshipped the new and Southerners the old.

Southerners persisted in holding on to time-honored traditions and resisted industrialization. Beard also maintained that there was more nervousness in the West than in the South. Westerners always preferred the new to the old. This accounted for the increase of nervousness in the West. While he thought that nervousness was primarily an American disease, Beard believed that it was beginning to spread in the more industrialized areas of Europe. Beard viewed neurasthenia as a protean disorder displaying numerous symptoms. His early orientation was clearly somatic in nature, and only later did Beard anticipate several aspects of later psychological theories. Largely due to the work of Beard and several others, most of the medical profession treated neurasthenia as a distinct clinical entity with recognizable symptoms.

Not all physicians believed that neurasthenia was a suitable object of medical attention. Those committed to a strictly somatic view of medicine distrusted attempts to analyze subjective symptoms and clung to a narrowly materialistic interpretation that claimed that all nervous disturbances resulted from physical causes. These members of the profession rejected the idea that an illness could exist in the absence of observable lesions or other physical stigmata and understandably opposed the emerging belief that neurasthenia was a functional neurosis without an organic basis.[10] Somaticists criticized doctors treating neurasthenia via phychological techniques such as hypnotism and claimed that these

physicians were responsible for giving the complaint a fashionable status among the well-to-do.[11] Patients believed, according to somatic critics, that their suffering proved that they were members of the brain-working class and went out of their way to make sure they were categorized as neurasthenics. These patients spent an inordinate amount of time dwelling upon their real or imagined symptoms and frequently collapsed into states of morbid introspection. Somaticists argued that some neurologists seduced otherwise healthy Americans into their offices with promises of prestige and distinction. They believed that neurasthenia was the chief hobby-horse of the nerve specialist and repudiated the claim that "american-itis" was an actual disease. They urged fellow physicians to put a stop to the self-perpetuating fad.[12]

As the Gilded Age drew to a close, the somatic view took a back seat in neurological circles and American medicine in general placed more emphasis on psychological and cultural factors in the creation of nervous diseases. Somaticists did not give up without a fight, however, and differences over diagnosis and treatment continued to exist. The debates within the medical profession grew even more heated and complex with the introduction of Freudian literature around the turn of the century.

II

The numerous and conflicting theories of causation reflected the lack of unanimity in the profession concerning

the problem of neurasthenia. As a result of the impact of Darwinian thought, all theories had to take a stand in the heredity versus environment controversy. Some doctors held that biological inheritance was the determinative factor in disease while others argued that little could be done to neutralize environmental conditions. Still others put forth views that covered the spectrum between these opposite positions.

Climatic theories of neurasthenic causation illustrated the dimensions of the heredity-environment debate. The popularity of climate and travel cures attested to the fact that many physicians believed that there was a distinct relationship between environment and disease. Doctors frequently instructed neurasthenic patients to go to the mountains, the seaside, or to Europe, to get the sufferer away from the everyday demands of social engagements and business affairs. Physicians believed that the increasing complications and responsibilities of industrial civilization placed an undue strain on the nervous system of middle and upper class Americans and necessitated regular and lengthy vacations. Fortunately, according to these doctors, the members of these classes could easily afford the high price of climate and travel cures.[13] George M. Beard included a map in the 1881 edition of American Nervousness that demonstrated what he believed to be the relationship between climate and nervousness. Beard thought that the climate of the northern and northeastern states complicated

urban problems and made that part of the nation the center of nervousness.

There was considerable discussion in medical literature regarding the various merits of rest areas. Many physicians considered Colorado an ideal location because of its scenic beauty and clean and invigorating air. This opinion was not universally shared, and some physicians even believed that the dry air of Colorado was a definite drawback. They claimed that in dry air more heat was lost and more created so that circulation increased and life became more stimulating. This was the opposite effect to be encouraged in cases of nervousness. Stimulating air tempted the individual to undertake more work and further undermined his health. This eliminated the possibility of developing necessary fat and flesh and laid the foundation of the nervousness that characterized the American people.[14]

Another school of thought viewed this entire debate as irrelevant and maintained that individual peculiarities were far more important than specific climatic considerations. The temperament of the patient; his habits, tastes, and lifestyle, determined the effects that a change of climate would have.[15] These physicians pointed to the sharp differences in the way of life between Mexico and life north of the Rio Grande as proof that cultural and biological factors outweighed climatic influences.

III

The medical profession as a whole considered violations of certain biological and social laws more important in the causation of nervousness than the relatively minor influence of climate. It was generally believed that climate made a difference only in persons predisposed to nervous problems in the first place. The concept of biological predisposition reflected the widespread acceptance of the theory that parents transmitted nervous diseases to their offspring via heredity.[16] Heredity played a key role since those inheriting delicately balanced mechanisms required little to fall apart while nothing seemed to bother those with robust constitutions.[17] Doctors expressed concern over the mental and physical states of the parents at the time of conception and after for it was believed that the nature of these states at critical times impressed themselves on the child's system. They thought that it was as reasonable and proper to insist that the impressions upon the brain and the nervous system resulted from a particular condition of the mother during pregnancy as to insist that the similarity of facial features to either mother or father stemmed from the same source.[18] American society had always held parents accountable for the actions of their children. Hereditarian theory strengthened this accountability in arguing that a biological cause and effect relationship existed between parental behavior and childhood behavior.

Combined with the popularity of the theory of social organicism, with its belief that individual transgressions led to social problems, hereditarian theory created a great deal of guilt among parents whose children were promiscuous, smoke or drank to excess, or ended up in the care of the state. Physicians accepted the Spencerian idea that cultural and biological evolution were analogous and asserted that the sins of America's children resulted from the moral transgressions of America's parents.[19] Viewing the increase of nervousness from this perspective, doctors advised parents on their familial and societal obligations. The primary responsibility of parents, they argued, was to protect the physical future of the American race. The successful fulfillment of this responsibility required that parents observe fundamental physiological laws during the crucial times of conception and pregnancy. Under no circumstances, doctors ordered, should parents engage in coition while indulging in any sort of stimulant or intoxicant. Children conceived in these unnatural couplings inherited enfeebled systems and tastes for alcohol or drugs.[20] Physicians also warned that children inherited impaired nervous systems when conceived while one or both parents suffered from excessive mental strain. Parental responsibilities grew during the period of pregnancy. Doctors gave exacting instructions to both the man and the woman for these critical times. They warned men to avoid having intercourse with their pregnant wives. Resort to pro-

stitutes, while certainly not recommended, was considered less dangerous than weakening the mother and threatening the health of the baby.[21] Most pregnancy advice concentrated upon protecting the physical and mental states of the mother. Not only did the woman have the responsibility of eating right and avoiding physical fatigue, but she had to control every thought and emotion. The lack of voluntary direction of thoughts and emotions, and the yielding to melancholy and depressing passions in the mother, exhibited such remote effects in the offspring as chorea, epilepsy, or an appetite for spiritous liquors.[22] The price of parental failure was high. Those who did not follow medical advice during the critical months of pregnancy burdened themselves and society with sickly and nervous children. Doctors believed that the high rate of nervousness resulted directly from the fact that parents frequently violated physiological laws and produced children with impaired constitutions. Parental irresponsibility created children with inherited weaknesses and distinct dispositions toward nervous ailments.[23] The profession referred to these unfortunate individuals as neuropaths and regarded their existence as one of the great evils of the day.[24] While they might not inherit specific nervous diseases, they did inherit a vulnerability or inclination to them. They might never store up enough strength to ward off disease.[25] Neuropaths were nervously-prepared individuals who escaped nervousness only through a combination of intense

effort and happy chance. Doctors believed that there was a fine line between sickness and health and that neuropaths had to maintain a constant vigilance against attacks of nervous origin. They could never afford to let down their guard or stray from the straight and narrow. They had to realize that violations of this law created neurasthenia.[26] Only rigid conformity to physiological laws preserved the delicate balance that kept the neuropath out of the sickbed or the asylum. While the neuropathic diathesis sometimes produced a genius who shot across the social firmament like a meteor, it more often burdened the body politic with defectives and dependents.[27] It was a common assumption that children of the remarkably brilliant rarely exhibited exceptional abilities. Their parents robbed them of the strength and virile power to which they had the most sacred of claims.[28]

The popularity of the conception of the neuropathic diathesis indicated the enormous burden placed upon American parents and illustrated the importance of hereditarian theory in medical views on biology and society. The nature of industrial civilization created severe social dislocations and rising rates of nervous illness. Physicians feared that large numbers of the better sort faced daily threats to their health and sanity. The high incidence of neurasthenia confirmed these fears and persuaded medical men that the emerging order, while it held out prospects of progress and prosperity, endangered the health of many Americans raised in a more orderly environ-

ment. Physicians, facing unique situations and new disease categories in the unnatural environment of industrial society, engaged in a conservative critique of numerous aspects of the new society.

IV

The prevalent opinion in the medical profession was that neurasthenia resulted from the individual's inability to adjust to the changing nature of society. The rapid pace of industrialism made the problem of adjustment ever more difficult. Man's nervous system, the latest product of his evolutionary development and consequently the first to show signs of degeneracy, suffered an immense amount of strain as it attempted to adapt to an everchanging social reality.[29] Sometimes the attempt failed and nervousness resulted. The individual lost the governing power over the nervous system required to control higher psychical functions and channel reflex actions.[30] The artificiality of urban life interfered with the natural process of the survival of the fittest and posed a threat to the health of future generations. The city, lacking the tranquilizing influences of natural surroundings, was a departure from the normal mode of existence and therefore produced more nervous disorders than small town and rural life.[31] While the profession criticized some aspects of industrial America, for the most part it satisfied itself with attempts at amelioration and avoided radical measures. The

profession evidenced this conservative stance in its critique of those areas in American life that it believed posed the most immediate dangers to health and that violated physiological tenets. The exciting causes of neurasthenia combined with the predisposing cause, that of the neuropathic diathesis, to complicate the medical profession's attempt to preserve the health of American gentility.

The bureaucratization and professionalization of American society consequent to industrialism created a demand for highly-skilled employees. Ambitious people quickly realized that placement and advancement in professional and business life depended to a great extent upon educational qualifications. The constant increase in school enrollments on every level in the post-Civil War years evidenced this realization.[32] The results were impressive, even in a nation that traditionally placed a high premium on education. Americans looked to schools as guarantors of personal fulfillment and professional success and urged their children to make the most of educational opportunities. With so much riding on the outcome, it was not surprising that many children and young adults broke under the strain of intense competition and excessive parental expectations. The medical profession, concerned over the high incidence of nervousness in the younger generation, objected to numerous features of modern education and added the prestige of scientific authority to the common sense criticisms that laymen levelled at the schools.

Physicians believed that schooling began at too early an age and proceeded at too fast a pace. They criticized the long hours spent in over-heated and poorly-ventilated classrooms and the constant neglect of physical exercise. The hothouse environment of modern schools reared children who would have been frozen out of existence in the barn-like rooms of earlier years. This artificial change in the selection process of the survival of the fittest contributed to the increasing physical frailty of American youth.[33] Doctors believed that the insistence of school officials on cramming the student full of useless information from the first day of classes threatened to upset the natural growth of the child's brain and nervous system.[34] The unnatural extension of the youth's mental capacities ran counter to well-established physiological principles.[35] It was a well-known fact, doctors argued, that brain-work was the most exhausting kind of work. Bearing in mind the evolutionary theory that in nature's order the nervous system of an individual was the last to attain its full development, physicians blamed educators for ignoring the plain fact that the nervous equilibrium of children was more easily disturbed than that of adults.[36] It came as no surprise to physicians that large numbers of children, especially those who inherited neuropathic constitutions, came home from school mentally exhausted and in desperate need of rest.

The medical profession's criticisms of the educational system centered upon the belief that the excesses and abuses

of schooling interfered with proper character development. This was a serious charge, especially since the specific role of the schools was to mold young Americans into conscientious and productive men and women. Recent developments in educational tactics, doctors feared, prevented the inculcation of character traits long cherished in this country. The restrictive and suffocating atmosphere of crowded schoolrooms posed a particular threat to values like spontaneity and individuality. The over-emphasis on rote learning, a perversion of the popular Prussian methods, discouraged originality and kept students from striking out in their own directions. Physicians thought that the boldness that had made the country great might disappear. Teachers and administrators, faced with rapidly increasing enrollments, tended to lump all students into the lowest common denominator. They ignored the talents of gifted students and taught the same things to all pupils. Schools reminded physicians of factories with their rigid adherance to timetables and productivity. Even with the obvious advances in teaching knowledge, they felt, those coming out of rural schoolhouses were often in better mental and physical condition than those trained in urban facilities.[37] Their ruddy complexions and robust physiques contrasted sharply with the pale and sickly products of city schools. The medical profession, while it certainly placed a high value on learning and intellectual attainment, placed an even higher value on preserving the health and morality of growing children

and considered the American educational system as a prime cause of the spread of nervousness.

Doctors believed that there was a relationship between the nature of sexual practices and beliefs and the increase in nervousness. They were not alone in this belief. A vast majority of respectable Americans felt that there was some sort of relationship between sexual matters and nervous ailments. The exact nature of the relationship was not known. Open discussion of sexual matters, while not expressly forbidden, was left up to men of science and learning. Medical men, most of whom exhibited the same reticence about sexuality as others of their social background, found themselves in the uncomfortable role of personal confidantes to men and women unable to discuss their desires and frustrations with anyone else. Relying upon their reputation of authority and impartiality, physicians dispensed sexual advice to Victorian America. This advice reflected the existing shortcomings in physiological knowledge and illustrated the close relationship between medical and social thought. Physicians agreed with other social critics in holding that sexual morality was the key to all morality.[38] While they endorsed most of the prevalent beliefs of the day, doctors recognized that certain factors in modern civilization interfered with the proper relationship between the sexes. They strongly believed that the Victorian conscience created emotional problems and contributed to the spread of neurasthenia. Too often people were

ignorant of the physiological basis of sexual activity.

The energy theory was central to medical views on sex. Doctors believed that an individual had a fixed amount of nervous energy. A person who indulged in excessive physical or mental effort diminished his stock of nervous capital. If a person spent three-fifths, only two-fifths remained for other uses.[39] Sexual indulgence reduced the amount of energy available for everyday affairs. Physicians advised persons planning to engage in a full day's work on the morrow to avoid nervous expenditures the night before. While doctors seldom counseled total continence as necessary for good health, the consensus in the profession was that sex should only take place within marriage, for the sole purpose of propagation, and when both partners were rested and in the proper frame of mind. After all, one physician lectured, if sexual intercourse was worth doing, it was worth doing well.[40]

The medical profession used the theory of fixed energy to analyze various aspects of contemporary sexual behavior. Recognizing the centrality of reproduction in the process of evolution, physicians paid a great deal of attention to the health of American womanhood. Alarmed at the high immigrant birthrate, they wondered why the rate was down among native stock. Doctors criticized coeducation as a primary cause of reduced births among the better sort. Schools, physicians maintained, did not pay enough attention to male-female peculiarities in designing their curriculums. This had disastrous

results. The delicacy of the female nervous system prevented girls from performing the same tasks as boys, yet school administrators consistently ignored this fact. Girls, being naturally less competitive than boys, found little purpose or satisfaction in the classroom. Physicians urged young women to leave school at an earlier age than men in order to accumulate enough energy to give birth safely.[41] An inheritance once exhausted or prodigally wasted, the profession warned, could not be transmitted to posterity.[42] Young women should certainly not go to college. Higher education aroused their intellectual natures and prompted them to enter into unnatural competition with men. Nature had not intended that either sex play a double part in this world, and, in their attempt to do so, women incurred a penalty which would be entailed upon their children to the third and fourth generation.[43] Women wasted nervous energy on studies that was needed for reproduction. Higher education created "mannish" qualities in female students and they lost the respect of potential mates. The profession noted that marriage and birth rates in college women fell well below national averages and that nervousness predominated among this class of females. The intensity and duration of mental effort upset the delicate equilibrium of the female nervous system[44] and prevented the collegian from being able to assume the responsibilities of marriage and family. Doctors advised young men to avoid these mannish maidens and search for mates among more genteel surroundings.

A complicating factor in this advice was the medical profession's growing awareness that nervousness was even invading society circles. Young debutantes complained of listlessness, headaches, morbid thoughts, and other standard neurasthenic symptoms. Physicians located the cause of these problems in the excessive social demands made upon women of breeding. Society girls took part in an endless and exhausting round of parties and dances. They recklessly subjected their fragile nervous systems to long hours of dissipation and excess. They rose in the morning exhausted and immediately resorted to narcotic stimulation. Afternoon tea succeeded morning coffee. The woman often spent the remainder of the day engrossed in a romantic novel. These stories added further stimulation and not infrequently led to impure thoughts and practices. The society matron completed her day of excess consuming alcohol at a party lasting into the early hours of the morning. She rose again the next day facing the same ordeal.[45] The rapid whirl of social rounds was not conducive to a genteel lifestyle. The resort to stimulants was dangerous because with refinement came an increased sensitivity to all kinds of narcotics and liquors.[46] Physicians noted that society women, thinking it unladylike to consume large quantities of food, barely ate enough to sustain themselves.[47] The burden of running a household added to the strain upon the woman's nervous system. Physicians criticized the flagrant neglect of common sense and violations of medical advice and

warned the American woman that her life of excess robbed her of vital reproductive power and threatened the physical future of the race. The woman's selfish indulgence landed her in the sickbed and jeopardized the viability of the family structure.

The medical profession believed that contemporary standards of fashion further endangered the health of the American woman. Doctors consistently opposed the fashionable practice of tight-lacing. The pressure exerted on the inner organs created an unnatural method of breathing and added to the difficulties of maintaining correct posture while wearing high heels. Shortness of breath produced giddiness and made swooning a common occurrence at fashionable parties. Fainting was even considered a mark of gentility. Not surprisingly, female physicians and writers were frequently the most outspoken advocates of dress reform. The author of a widely-used advice manual argued that improper dress was a prime cause of neurasthenia and went so far as to maintain that tight-lacing contributed to the increase of infant mortality.[48] A woman doctor asserted that the body was the temple of the Holy Ghost and not a frame for the display of dry goods.[49] Upper class women continued to wear corsets despite this criticism. This attested to their stubborn disregard for medical advice and to their belief that tight-lacing set them apart from lower class women. Lower class emulation of this unhealthy practice caused much less concern in medical circles and revealed their affinity with the upper

classes.[50]

Doctors attributed the lower native birthrate to the poor performance of the mannish collegians and the society set. These women simply did not have the endurance or unselfishness required of mothers. More often than not they were objects to be pitied and patients to be cured. The artificiality of urban life preserved fragile women with small pelvises and altered the selection process of the survival of the fittest.[51] Nine months of pregnancy exhausted such women. Great pain accompanied childbirth and, in cases where they survived, convinced them to avoid conception in the future. The offspring of neurasthenic women were frequently sickly. They inherited neuropathic constitutions and seldom escaped the clutches of neurasthenia. The medical profession, despite its nativistic concern over the low native birthrate, believed that the physical greatness of the American race depended upon desexing unhealthy females. Women who followed the fashions depicted in the plates of the popular journals turned into egotistical wasps wholly unqualified for marriage and maternity.[52] Doctors agreed that it was better to castrate nervous women than to allow them to bear children with impaired systems.[53]

The medical profession believed that the prevalence of neurasthenia in the middle and upper classes resulted in part from the desire in these classes to minimize the instinctive dimension of human behavior. They noted that

neurasthenics frequently had excessive consciences and treated the subject of sex cautiously and often with total silence. They regarded intercourse as crude and animalistic. In associating sexual behavior with the instinctive and emotional side of man, the better sort expressed a distinct preference for values of rationality and will power. A perfectly trained will, they felt, gave the individual's mind some control over physical matter.[54] The desire for respectability revealed itself in a concerted effort aimed at eliminating irrational and excessive actions. Medical advice, predictably enough, lent scientific backing to these efforts. The upper classes viewed their attempt as nothing less than a crusade to elevate the character of man and the nature of civilization. This elevation depended to a large extent upon the elimination of vice and the regularization of man's behavior. Genteel Americans associated vice with the lower classes and immigrants. The size of lower class families illustrated their inability to restrain animalistic impulses and proved that they were lower products of the evolutionary process. Their more sensual natures prevented them from improving their lots and threatened the physical future of the American people.

Masturbation was an immediate threat to physical health. The upper classes traced the rapid spread of this habit to the lower classes. Viewed within the context of existing medical and social beliefs, the concern over the spread of self-abuse was understandable. Physicians believed

that semen had energizing properties essential to the proper functioning of the human organism and opposed masturbation as a threat to physical well-being.[55] The majority of respectable Americans saw masturbation as a sign of moral weakness and an inability to train the higher mental centers to control the lower. Medical and social thought combined in condemning the practice as a significant contributor to the characteristic nervousness of the American people. Both agreed that masturbation was a perversion attacking the foundation of the social structure and was a blight more deadly than the plague and more demoralizing than pestilence.[56] Masturbators depleted their precious stock of vital fluids and created imbalances in critical bodily functions. While a consistent indulgence in the habit sometimes caused insanity, it was more common for the individual to suffer from nervousness. The unnatural expenditure of nervous energy led to prostration, morbid introspection, and will loss. Medical men, like the middle and upper classes in general, attributed the spread of self-abuse to the lack of self-control in the lower orders. They urged parents to use discretion in choosing domestic help. Children should never be allowed to sleep with servants, they warned, because wherever a number of children practiced self-abuse the contagion had been traced to a domestic.[57] The worst part, doctors believed, was that the effects of masturbation fell most heavily upon the upper classes. Lower class masturbators merely endangered their physical health.

The professional and educated classes, with their more sophisticated nervous apparatus, risked all sorts of mental and physical problems. The major concern of the medical profession was that the spread of self-abuse threatened the health of the people most responsible for national progress. This concern betrayed American physicians' fundamental hostility toward the lower orders for infecting upper class members.

The upper classes made every attempt to distinguish themselves from the laboring poor. They tried to establish the dominance of thought and will over the lower and more instinctive processes. Control was the key to proper character development and small families were visible proof of sexual control. Men and women of the upper social circles considered small families as a badge of status and proof that they practiced deferred gratification. They defended virginity and regarded the desire to raise a family as the only excuse for intercourse. Long engagements were common and served as further proof of the ability to regulate the sex drive. The better sort believed that no one should marry without adequate capital--love, if it was half genuine could wait, while creditors would not.[58] These people regarded their families as products of rational planning and their marriages as above gross sensuality. Their spiritualization of reproductive matters contrasted sharply with the unplanned and animalistic nature of lower class arrangements. The better

sort wanted to believe that their sacrifices and planning were worth while and that their behavior promised personal and national fulfillment. Physicians played an important part in convincing the upper classes that their unselfishness and wisdom contributed to national betterment and protected individual health. They argued that the spread of nervousness among genteel Americans resulted from their strenuous efforts on behalf of individual and societal uplift. While physicians knew the problems that a strict conscience created, they still admired those who chose to make the sacrifice.

Utilizing the concept of the nervous diathesis, American physicians critiqued the educational system, social fashion, and contemporary sexual attitudes. Incorrect opinions and practices in these areas, they maintained, were the primary exciting causes of nervousness. The immediate danger to the individual, combined with a general concern over the physical future of the race, forced the medical profession into a difficult position. The profession benefitted from the secularization and wealth of the new order, but it also recognized that unhealthy conditions existed and were constantly being created. Medical men, while they were reluctant to do so, engaged in a conservative critique of American society. While there was an undercurrent of dissent,[59] the profession generally endorsed George M. Beard's thesis that the nature of American civilization caused nervousness. Together with hereditarian and evolutionary theory, social and cultural

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factors made up the bulk of Beard's thesis. This socio-cultural interpretation of illness gained more and more influence as the century drew to a close and reflected the medical profession's ambivalent response to the changes taking place in industrial America.

The concept that the nature of society structured specific disease categories was not invented in the Gilded Age. The idea existed in antebellum years that the classlessness and restlessness of American society caused nervousness.[60] The difference between prewar and postwar perceptions was one of degree and kind. Industrial development created even more restlessness and striving and increased the importance of materialistic concerns. Economic uncertainty accompanied urbanization and intensified the desire to get ahead. Social critics believed that America did not have a leisure class since few were content to make just enough money to survive; everyone seemed intent on rising in an undefined social order.[61] American life was a lottery and no one expected to remain in the class to which he was born. Victory came to the few, but shattered nerves to the rest.[62] While in older countries people plodded along in the same footsteps generation after generation, in the United States life was all haste and unrest. The primary cause of neurasthenia was civilization itself, with its railway, telegraph, telephone, and periodical press intensifying in ten thousand ways cerebral activity and worry.[63] The burden fell most heavily upon

American women who had to parlay small incomes into fortunes, to make something out of nothing.[64] Physicians pointed out that the neglect of leisure in city life contrasted sharply with the regularity and placidity of farm communities. While those who cultivated the earth for a living regulated their labor according to their needs, those who cultivated men for a living had to be ever alert and ready.[65] The injection of Darwinian naturalism into American thought in the postwar years changed the medical professions' view of man. Physicians paid increasing attention to biological and psychological factors and viewed man as a product of evolutionary laws and the new institutional setting of a technological society.[66] This view precipitated a crisis in the somatic style of medicine and transformed the profession's interpretation of nervous disorders. The moral therapy common in Jacksonian times gradually gave way to the psychotherapeutic techniques of the early twentieth century. The Gilded Age stood between these two periods and dealt with neurasthenia from positions that revealed the important therapeutic conflicts within the medical profession.

V

American physicians displayed an obvious sympathy for sufferers of neurasthenia. This sympathy reflected the profession's ambivalent response to the nature of modern America. The most common expression of this ambivalence

combined admiration for the new breed of American professionals with predictions that their ceaseless efforts would make them neurasthenics. The demanding pace of business life led to exhaustion among males, and the boredom and frequency of social rounds led to the use of stimulants and the onset of prostration among females. Doctors, while they criticized these unhealthy excesses, recognized that progress depended upon the labors of the ambitious upper classes. Selfless devotion to duty was the mechanism of social growth. Hard work, from this point of view, "earned" an individual the distinction of being a neurasthenic. This belief revealed a fundamental ambivalence of the medical profession regarding the problem of nervousness. Doctors were unable to condemn their peers without reservation. Yet they were also unable to overlook the unscientific (i. e., unhealthy) mode of life of the American professional. Faced with this dilemma, medical men compromised. They engaged in a conservative critique of the new order. They injected a necessary pessimism into the situation and observed that the human neural apparatus was at odds with the industrial environment.[67] They took solace in the fact that the Anglo-Saxon race, foremost in development and the first to experience the limitations of human capacity, would be the first to appreciate the risks and perceive the correctives. Doctors hoped that with the poison would come the antidote.[68] Physicians told professionals that obedience to hygienic laws minimized nervous strain and led to individual

and social gain.[69]

Neurasthenia was the ideal medical concept for the times. It was a conservative neurosis that perfectly complemented the profession's conservative critique. Neurasthenics usually lived long lives and suffered relatively little. They paid the price for their transgressions, yet the price was small. The medical profession, sharing common backgrounds and attitudes with neurasthenics, argued that neurasthenia was more than just another disease to be cured, it was also a disease to be achieved.

CHAPTER II

FOOTNOTES

[1]Neurasthenia and nervousness were not synonymous, but American doctors commonly used one term for the other. Neurasthenia was actually a clinical designation while nervousness referred to a general state of society. Beard regarded neurasthenia as a functional nervous disease evolving out of the nerve sensitiveness consequent to modern civilization. American Nervousness: Its Cause and Consequences (New York: G. P. Putnam's Sons, 1881)., vii.

[2]Ibid., viii-ix.

[3]John Chynoweth Burnham, Psychoanalysis and American Medicine: 1894-1918; Medicine, Science, and Culture, Vol. 4, no. 4, monograph 20 of Psychological Issues (New York: International Universities, Inc., 1967), 65.

[4]Anna Hayward Johnson, M. D., "Neurasthenia," Philadelphia Medical Times, 11 (1880-1), 737.

[5]I. N. Love, M. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 515.

[6]R. M. Phelps, M. D., "The Nervous Element Among

Ordinary Diseases," Gaillard's Medical Journal (New York), 61 (1895), 6.

[7]C. H. Hughes, a conservative alienist, held that Dr. E. H. Van Deusen, the superintendent of the Michigan Asylum for the Insane, first used the term neurasthenia in an official report of 1867-8. This fact, according to Hughes, illustrated that hospital superintendents, under attack from those like Spitzka, were innovators and not mere onlookers in important medical developments. See C. H. Hughes, M. D., "Notes on Neurasthenia. From an Alienist's Standpoint, intended, mainly, to introduce the views of a Pioneer American Writer," Alienist and Neurologist (St. Louis), 1 (1880), 439, and page 9 of Chapter One on how this relates to the crisis of the somatic style.

[8]Beard, American Nervousness, 139.

[9]Edward C. Mann, M. D., "Inebriety Considered as a Disease," Medical Times (New York), 24 (1886), 525.

[10]For an interesting transitional view of nervous diseases that retained some of the classical somatic framework, see Bernard Sachs, "Advances in Neurology and Their Relation to Psychiatry," Proceedings of the American Medico-Psychological Association (Baltimore), 4 (1897), 132-149. For the way in which this debate affected an important physician, see Nathan G. Hale, Jr., ed., James Jackson Putnam and Psychoanalysis: Letters Between Putnam and Sigmund Freud, Ernest Jones, William James, Sandor Ferenczi, and Morton

Prince, 1877-1917 (Cambridge: University of Harvard Press, 1971), 6-16.

[11]I. N. Love, M. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 515.

[12]E. S. Pettyjohn, M. D., "Notes on the Differential Diagnosis and Treatment of Neurasthenia," Physician and Surgeon (Ann Arbor), 18 (1896), 19.

[13]Sanger Brown, M. D., "The Influence of Climate in Nervous Diseases," New York Medical Journal, 66 (1897), 82.

[14]C. Howard Young, "Americans and Their Civilization, A Product of Climate," Sanitarian (New York), 5 (188), 204.

[15]Guy Hinsdale, M. D., "Influences Modifying the Occurrence of Certain Nervous Affections in the United States," Journal of Nervous and Mental Disease (Baltimore), 19 (1892), 273.

[16]Thomas Layton, M. D., "On the Transmission and Transformation of Nervous Diseases Through Heredity," New Orleans Medical and Surgical Journal, n. s. 10 (1882), 173-194.

[17]Joseph Collins, M. D., "The Etiology and Treatment of Neurasthenia, An Analysis of Three Hundred and Thirty-Three Cases," Medical Record (New York), 55 (1899), 414.

[18]John Curwen, M. D., "Some Hints Relative to the Prevention of Nervous Diseases," Alienist and Neurologist (St. Louis), 3 (1882), 197.

[19]John S. Haller, Jr., Outcasts From Evolution: Scientific Attitudes of Racial Inferiority, 1859-1900 (Urbana: University of Illinois Press, 1971), 121.

[20]John Curwen, M. D., "Some Hints Relative to the Prevention of Nervous Diseases," Alienist and Neurologist (St. Louis), 3 (1882), 199-200 and Arthur E. Fink, Causes of Crime: Biological Theories in the United States (Philadelphia: University of Pennsylvania Press, 1938), 91.

[21]According to Beard, in "Nervous Exhaustion (Neurasthenia) With Cases of Sexual Hypochondria," Maryland Medical Journal, 6 (1880), 296-297, extra-marital affairs were not without danger to the husband.

> There is no doubt that excess with a mistress or excess with public women is more liable to bring on genital debility than excess in the married state--for this psychological reason, that when we visit a mistress, or when we visit a public woman, we go solely, or mainly at least, for the purpose of sexual gratification; our minds are upon that idea; consequently there is a constant excitation of the sexual function. This is not the case in married life, where we live constantly with our companion; in such a relation the sexual act is incidental, and therefore less exhausting to the nerves.

[22]Elizabeth Cumings, "Education as an Aid to the Health of Woman," Popular Science Monthly, 17 (1880), 824.

[23]Fink, Causes of Crime, 104

[24]John Punton, M. D., "The Neuropathic Constitution, Education and Marriage as Factors in the Causation and Propagation of Nervous Diseases," Medical Herald (Louisville), 12 (1893), 122.

[25]John S. Haller, Jr., "Neurasthenia: The Medical

Profession and the 'New Woman' of Late Nineteenth Century," New York State Journal of Medicine, 121 (1971), 475.

[26]C. H. Hughes, M. D., "Neurotropia, Neurasthenia, and Neuriatria," Alienist and Neurologist (St. Louis), 15 (1894), 215.

[27]Daniel Roberts Brower, M. D., "How Can Sanitary Science Aid in Preventing Nervous Diseases," Medical Standard (Chicago), 21 (1898), 160.

[28]Cyrus Edson, M. D., "Do We Live Too Fast?," North American Review, 154 (1892), 284.

[29]Arthur Conklin Brush, M. D., "Cerebral Neurasthenia," Medical-Legislative Journal (Chicago), 15 (1897-8), 178.

[30]Grace Peckham, M. D., "The Nervousness of Americans," Journal of Social Science, 22 (1887), 49.

[31]Edward C. Mann, M. D., "Inebriety Considered as a Disease," Philadelphia Medical Times, 16 (1885-6), 525. Several historians have noted the idolization of rural values in medical writings during the Gilded Age. Among them are Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick: Rutgers University Press, 1964), 91, and Gerald N. Grob, Mental Institutions in America: Social Policy to 1875 (New York: The Free Press, 1973), 157.

[32]John Duffy, "Mental Strain and 'Overpressure' in the Schools: A Nineteenth-Century Viewpoint," Journal of the History of Medicine, 23 (1968), 65.

[33]D. F. Lincoln, M. D., "The Nervous System as Affected

by School Life," Journal of Social Science, 8 (1876), 101.

[34]John Ferguson, M. D., "The Nervous System, and Its Relation to Education," Popular Science Monthly, 47 (1895), 537.

[35]Nathan Allen, M. D., "Physiological Basis of Mental Culture," Popular Science Monthly, 6 (1874-5), 184.

[36]Edward C. Mann, M. D., "Modern Nervous Diseases," Southern Clinic (Richmond), 4 (1881), 245, I. P. Willits, M. D., "Some Causes of Nervous Phenomena in Children," Philadelphia Medical Journal, 2 (1898), 294, and William Lee, M. D., "Headaches Among Young Children," Maryland Medical Journal, 7 (1880-1).

[37]E. C. Kinney, M. D., "Nervousness," Proceedings of the Connecticut State Medical Society (President's Address), 1885, 34.

[38]David Pivar, Purity Crusade: Sexual Morality and Social Control, 1868-1900 (Westport: Greenwood Press, Inc.), 189.

[39]S. G. Webber, M. D., "Excessive Physical Exercise as Cause of Nervous Exhaustion," Boston Medical and Surgical Journal, 136 (1897), 35.

[40]Ronald G. Walters, Primers For Prudery: Sexual Advice to Victorian America (Englewood Cliffs: Prentice-Hall, Inc., 1974), 91. Walters is quoting Dr. Russell Trall.

[41]S. Weir Mitchell, Wear and Tear, or Hints for the Overworked (Philadelphia: J. B. Lippincott, 1887), 38.

[42]E. C. Kinney, M. D., "Nervousness," Proceedings of the Connecticut State Medical Society (President's Address), 1885, 33.

[43]Lawrence Irwell, M. D., "The Competition of the Sexes and Its Results," American Medico-Surgical Journal (New York), 10 (1896), 320. J. S. Weatherly, M. D., in "Woman: Her Rights and Her Wrongs," Transactions of the Medical Association of the State of Alabama, 1872, 67, asserted that women and men were like two rivers seeking outlets to the sea. He went on in a literary style common to Gilded Age physicians:

> They flow through different channels, but the aim of both is the same. Her course like the stream which flows through gentle meadows of grass and flowers; his the wild mountain torrent, dashing through gorges and leaping precipices, causing the wild roar of the cataract, but bearing everything before it by main force. For the work peculiarly appropriate to woman, she of course is far superior to man. Her work, however, does not tend toward massive strength either of body or mind, but rather to a gentle modelling of both.

[44]It was widely believed that the female nervous system was considerably less stable than that of man. See R. M. Phelps, M. D., "The Nervous Element Among Ordinary Diseases," Gaillard's Medical Journal (New York), 61 (1895), 6, and Charles L. Dana, M. D., "Neurasthenia," Post-Graduate (New York), 6 (1890-1), 32.

[45]H. C. Sharp, M. D., "Neurasthenia and Its Treatment," Journal of the American Medical Association (Chicago), 32 (1899), 72.

[46]Stow Persons, The Decline of Gentility (New York: Columbia University Press, 1973), 288.

[47]M. L. Holbrook, Hygiene of the Brain and Nerves and the Cure of Nervousness (New York: M. L. Holbrook & Company, 1878), 77.

[48]Alice B. Stockham, Tokology: A Book for Every Woman (New York: R. F. Fenno and Co., 1893), 109.

[49]Holbrook, Hygiene of the Brain, 262. This passage, written with a mixture of medical, social, and economic terminology, illustrated that Dr. Mary J. Studley thought that women should put more faith in their physician's advice.

[50]Haller and Haller, Physician and Sexuality, 151.

[51]A. Lapthon Smith, M. D., "What Civilization is Doing for the Human Female," Transactions of the Southern Surgical and Gynecological Association (Philadelphia), 2 (1890), 358.

[52]Moses T. Runnels, M. D., "Physical Degeneracy of American Women," Medical Era (Chicago), 3 (1886), 301.

[53]Agnes Sparks, M. D., "Alcoholism in Women--Its Cause, Consequence, and Cure," Medical Record (New York), 52 (1897), 700

[54]Haller, Outcasts From Evolution, 197.

[55]Doctors viewed masturbation as basically a male problem, partially because the semen theory obviously related to male functions, and also since good women were thought to be relatively sexless. Pivar, Purity Crusade, 156.

[56]J. A. DeArmand, M. D., "Sexual Perversion in Its Relation to Domestic Infelicity," American Journal of Dermato-

logy and Genito-Urinary Diseases (St. Louis), 3 (1899), 25.

[57]Lawson Tait, M. D., "Masturbation," Medical News (Philadelphia), 53 (1888), 2.

[58]Junius Henri Browne, "To Marry or Not to Marry?" Popular Science Monthly, 12 (1877-8), 439.

[59]Critics did not deny that nervousness was a problem; they simply questioned Beard's contention that the problem was more serious in the United States. See Roberts Bartholow, M. D., "What is Meant by Nervous Prostration?" Boston Medical and Surgical Journal, 110 (1884), 53-56. Also Robert T. Edes, M. D., "The New England Invalid," Boston Medical and Surgical Journal, 188 (1895), 53-56.

[60]David J. Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, and Company, 1971), 109-129, and Albert Deutsch, The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times, 2nd ed., (New York: Columbia University Press, 1949), 329.

[61]Alfred H. Peters, "The Extinction of Leisure," Forum, 7 (1889), 690.

[62]Margaret A. Cleaves, M. D., "Neurasthenia and Its Relation to Diseases of Woman," Transactions of the Iowa State Medical Association, 7 (1886), 166.

[63]A. D. Rockwell, M. D., "Some Causes and Characteristics of Neurasthenia," New York Medical Journal, 58 (1893), 590.

[64]Elizabeth Cady Stanton, "The Health of American Women," North American Review, 135 (1882), 510.

[65]Alfred H. Peters, "The Extinction of Leisure," Forum, 7 (1889), 892.

[66]R. Jackson Wilson, In Quest of Community: Social Philosophy in the United States, 1860-1920 (New York: Wiley, 1968), 29.

[67]Donald Meyer, The Positive Thinkers: A Study of the American Quest for Health, Wealth and Personal Power from Mary Baker Eddy to Norman Vincent Peale (Garden City: Doubleday and Company, Inc.), 26.

[68]J. S. Greene, M. D., "Neurasthenia: Its Causes and Home Treatment," Boston Medical and Surgical Journal, 109 (1883), 76.

[69]Pivar, Purity Crusade, 171.

CHAPTER III

THE CURE OF NERVOUSNESS

I

Physicians in the Gilded Age generally accepted the idea that the nature of modern civilization caused neurasthenia among the professional and educated classes. Although there was a certain degree of unanimity concerning the causation of neurasthenia, there was considerable disagreement over means of prevention and philosophies of cure. This disagreement reflected the lack of consensus within the American medical profession regarding explanations of illness and modes of therapy. The emergence of new specialties exacerbated the problem and, combined with the relative immaturity of etiological concepts, created an atmosphere of petty rivalry and competing claims.[1] There were as many cures for neurasthenia as there were nerve specialists. Each physician relied upon knowledge common to his specialty or applied analogies gained from dealing with other illnesses. The multiplicity of preventitives and cures of neurasthenia testified both to the medical profession's desire to protect the health of the middle class and to the existing weaknesses in hygienic and

physiological thought. The medical literature concerning the prevention and cure of nervousness revealed the fundamental values of the profession and the social and philosophical affinity that existed between physicians and neurasthenic patients.

II

One of the most immediate problems complicating the development of effective treatments for nervousness was the disagreement within the medical profession over the identification and classification of mental symptoms. Some specialties and physicians rejected the classification of neurasthenia as a functional illness without accompanying physical stigmata. Alienists and somaticists thought neurasthenia was simply a glorified hypochondria and were suspicious of neurasthenic patients. They chastised those within the medical profession who took the neurasthenic's complains at face value. These physicians denied that they were narrow-minded and claimed that their opposition to the more universal study of functional nervous diseases stemmed from the arbitrary and subjective manner of defining and subdividing the phenomena. The absurd analysis of clinical appearances in neurasthenic cases, they maintained, was ridiculous to all except pedants and visionaries.[2] These physicians represented that segment of the medical profession committed to materialistic and objective explanations of disease and to somatic interpretations of symptoms. L. C. Gray evidenced their conservatism when he

warned doctors not to confuse functional neurasthenia with the reflex results of vicious habits.[3] Somaticists revealed the etiological uncertainties of the era in their inability to differentiate between hysteria and neurasthenia. They frequently used the phrase hysterical neurasthenia and refused to accept hypotheses that considered hysteria a periodic ailment and neurasthenia as a disease having a constant nature.[4]

Those who took the subjective complaints of neurasthenics seriously constituted an ever-increasing portion of the profession. While neurasthenia often seemed uninteresting to the superficial observer, it was an affection so common and the number of cases so large that many physicians believed that they owed it to themselves to obtain some clear notions of the disease.[5] This reflected the trend within medical circles of taking "unobjective" symptoms seriously. These physicians accused their critics of disregarding neurasthenic complaints as the exaggerated ills of disordered minds, affronting patients with insults, and leaving them prey to quackery.[6] Somaticists, they held, failed to give these patients a sympathetic hearing and lightly dismissed their symptoms as figments of their imaginations. Neurologists who took neurasthenia seriously complained that too many physicians considered the disease indefinite and floating. Its seemingly kaleidoscopic nature led some to the erroneous conclusion that the ailment was only imaginary. This error resulted from the one-sided consideration of objective stigmata

and the neglect and misinterpretation of subjective symptoms. These physicians recognized that the underrating of the importance of subjective symptoms stemmed from the reluctance of the profession to study evidence of diseases that it was unable to grasp in its usual scientific way. This explained why many somaticists had an absolute disinclination to study nervous diseases that lacked exact symptoms and accounted for their low interest in neurasthenia. Too often these physicians, desirous of immediate results and wearied with oft-repeated nervous symptoms, hastily prescribed some bromide, chloral, or opium and failed to pay any attention to the actual condition of the nervous system.[7] This was somewhat understandable. Patients demanded immediate relief, and the physician, not wanting to disappoint the patient or admit that he did not know what to do, often prescribed a little bromide or some other drug, told the patient to keep his bowels open, and advocated exercise. This careless treatment accounted for the large number of failures in cases of neurasthenia and explained why many of these patients went from doctor to doctor in search of relief, often resorting to faith-curists and Christian Scientists.[8]

Neurasthenic specialists criticized those who failed to deal with these patients thoroughly and sympathetically. They believed that the cardinal rule in neurasthenic cases was that the physician had to assume that there was a sufficient cause for the patient's nervous state. The doctor should look

into all areas of the patient's life and habits to locate the source of the trouble. He should listen to even the smallest and most trite symptoms and convince the patient that obedience to natural laws would calm his fears.[9] The physician should take a page from "mental scientists" and gain the confidence and full control of the nervous sufferer. Careful examination and methodical treatment would cure the patient and then less would be heard from fakirs and mystery mongers.[10] Sympathetic physicians recognized that many medical men had trouble dealing with neurasthenia. They argued that reason had to be employed along with observation in such cases since there might be nothing measurably wrong. It was important, according to these doctors, that the profession learn to treat neurasthenia effectively. They reflected the growing consensus in the profession that neurasthenia was a conservative ailment that served as a forerunner of more serious diseases. The neurasthenic's system was in a state of imbalance that had to be corrected to prevent a more severe state.[11]

III

Gilded Age physicians advanced a large number of preventitives and cures for neurasthenia. These measures illustrated the lack of unanimity within the profession concerning the treatment of functional neuroses. The inconsistent advice of the specific problem of neurasthenia indicated the degree to which medical practitioners relied upon theories and assumptions derived from non-medical investigations and values.

Despite inconsistencies and contradictions present in the medical literature concerning neurasthenia, there were a number of significant themes common to most programs of prevention and cure. These indicated the social conservatism of the medical mind in the late nineteenth century and clearly revealed the social beliefs of the profession in these times of industrial concentration and urban growth.

Physicians wanted to minimize or eliminate altogether the causes of neurasthenia that they located in their critique of society. The crux of this analysis was the belief that excesses created neurasthenia. Doctors followed the logic of this view and argued that the better sort had to live within certain limits and observe the fundamental laws of health. The medical profession believed that the nature of American society could not be changed.[12] Individuals had to adapt or perish; the rapid pace of life was here to stay. Since the total reorganization of society was impossible, the medical profession recognized the necessity of providing a healthy environment within that society. They argued that obedience to the laws of health was the key to survival and that the better sort had the foresight and education to cultivate the necessary obedience. Doctors believed that neurasthenia was the price the professional classes paid for their sophisticated neural apparatus. Their high evolutionary development placed their systems as odds with the existing state of society. Doctors thought that it was the medical profession's job to

teach the burden-bearers (lower classes) of the world that the middle class had nervous systems more easily fatigued than their own.[13] Physicians believed that neurasthenia was a relatively sophisticated ailment and held that sallow dark-skinned people were more prone to simple melancholia.[14] Lowly-evolved individuals suffered from non-nervous diseases of a structural rather than functional nature.[15] The medical profession evidenced its social beliefs in exhibiting this concern for the health of the professional and educated classes.

Physicians told the middle class that it must learn to live within its means. The nature of modern civilization caused strain; the more civilization, the more strain. The artificial conditions of society created irregularities in normal functions and led to physiological changes in the organism. The most effective treatments for neurasthenia thus taught the patient the difficult art of adapting to his surroundings and reestablished the normal equilibrium between the individual and the environment. Doctors believed that the human organism was a mechanism with a well-defined limitation of activity. The scientific adaptation of the internal regime of the organism to the exigencies of its surroundings was one of the great questions of the day.[16] It was a common belief that what man could safely do was to be measured in terms of his capacities and not his desires. The middle classes, though often the moving powers in the community, were not designed for enduring effort and were apt to break

down along nervous lines.[17] Critics argued that incessant toil was not only undesirable but that, from the point of view of the energy theory, it was uneconomical.[18] The nervous system, the latest acquisition of evolution, suffered intense strain in the urban environment. The medical profession tried to teach urban Americans how to minimize the noxious effects of city life.

It was never too early to be concerned with individual health. American physicians exhibited an increasing concern with family structures in order to predict the mental and physical capacities of individual members.[19] Doctors urged the better sort not to allow their children to study too hard or too early. The child's particular brain capacity had to be kept in mind, likewise its cheerful or melancholy temperament, together with the amount of bodily strength. Children with nervous temperaments required special attention. These children often developed extraordinary mental abilities. Rather than congratulating the child for being a prodigy, doctors told parents that study and the emotional life should be repressed toward the normal. The bright perceptive mind with its easy emotional play and enthusiasms led naturally to those excesses which it should especially avoid.[20] They admitted that a moderate amount of occupation of the mind at the proper time and age was beneficial. They felt that without exercise an organ would not attain proper development. But excessive or premature education would monstrously develop the brain and

injure the rest of the organism.[21] This was especially true of neuropaths. The nervously-prepared individual had to pay even more attention to warnings of excessive behavior. The neuropath inherited a vulnerability or inclination to nervous diseases and made the diagnosis rather easy. American physicians believed that while an individual's heredity could not be ignored, it could be minimized with a program that reduced anxiety and apprehension as much as possible.[22] Nervous textures were plastic, according to physicians, and their functions could be modified. A moderate amount of education developed the higher faculties and self-control did the same for the lower. Doctors thought that inherited and acquired proclivities could be subjugated and rejected pessimistic and determistic statements to the contrary.[23]

The medical profession criticized the excessive athletic competition in schools. As if the strains and demands upon the child's nervous system were not enough, doctors complained, schools promoted a spirit of rivalry among their charges and goaded them into overextending themselves physically. The glamour of athletic contests persuaded some that the more muscles they acquired the more mental power they would have. Students below average in physical stamina, who needed to husband their strength carefully, began too early to develop greater muscular power. They were not sufficiently aware of the fact that if they spent four-fifths of their energies in the gymnasium that a mere fifth remained for study.

Physicians were not unilaterally opposed to physical cultivation and recognized that a direct relationship existed between strong bodies and sound minds. The community benefitted because youths gained health and endurance and minimized the adverse effects of over-study and indoor restrictions. Doctors simply feared that many young people exposed themselves to nervousness.[24] Medical statements on the proper balance between physical and mental exercise reflected the profession's preference for regularity and temperance in matters of hygiene.

Doctors revealed this preference in dealing with the popular sport of bicycling. Medical opinions on bicycling also illustrated the profession's beliefs concerning the relationship between mind and body. Physicians thought that bicycling affected the mind more than the body. Bicycling necessitated the pleasurable concentration of the mind on what was being done. This eliminated the feeding of the mind on self and the continual mental introspection so common in neurasthenia.[25] Doctors believed that bicycling demanded a certain amount of skill for its successful accomplishment. It diverted the thoughts from morbid channels, stimulated the mental faculties in a normal direction, and engendered a feeling of brain-rest and mental refreshment. The results were all that could be required in cases of neurasthenia. Moderate physical exercise led to mental development. With increasing physical strength came greater courage, perserverance, and tenacity of purpose.

This made the sport a remedy, when used in combination with appropriate medicinal treatment, worthy of great consideration. Bicycling combined physical and mental exercise that met the requirements of the case as well as any other form of treatment.[26]

The rapid pace of American life created an alarming rate of neurasthenia among the men and women of the urban middle class. Physicians believed that the pace of life combined with a consistent neglect of medical advice to account for the preponderance of neurasthenia in these circles. They formulated specific preventitives and cures to alleviate this problem and urged their peers to heed their warnings. The medical profession thought that businessmen over-extended their mental faculties in their everyday affairs. The uncertainty of economic conditions and the insatiable desire to get ahead prompted businessmen to devote too much time and energy to professional concerns. The pace of business was so fierce that most carried their labors into that time once devoted to leisure.[27] The American businessman, with his sensitive nervous system, was trained more for speed than endurance and soon overtaxed his system. The strain of the vices and passions, superadded to the struggle for existence and ambition for success, led to the breakdown of the nervous system and produced a condition of neurasthenia. Businessmen neglected their health and their families as they tried to keep up with the fluctuations on the stock market. They and others of the

brain-working professions, doctors warned, had to take more recreation and balance mental and physical expenditures. Doctors argued that neurasthenia attacked all those who pressed forward so eagerly in the race for riches and honors that they fell exhausted. Many were so broken down physically and mentally that they could not enjoy the coveted object when attained.

One preventitive of neurasthenia among ambitious businessmen indicated the medical profession's role in complementing social values and illustrated its belief in the necessity of a viable family structure. The man of affairs, according to this prescription, had to arrange his business so he could spend the evening with his family and enjoy the delights and freedoms of social and family intercourse. This was part of the divine ordination designed for man's greatest good and helped him put away for a time the harassing anxieties of business that pressed upon men so intently as to break them down.[28] Physicians noticed that too often men of affairs came home to find that their wives were exhausted and in no mood to spend the evening in socializing. Fashionable women spent an inordinate amount of time and energy running their households. Physicians agreed with women's journals in arguing that a scientific method of housekeeping was needed to eliminate the excesses of the fashionable housewife. Despite many time-saving devices, the burdens of housekeeping grew with woman's vain estimate that she could do more. Doctors also criticized the fatiguing social schedules of society women and

argued that they were a major contributor to neurasthenia.[29] Physicians held rather conservative opinions on the woman question and joined commentators who argued that the woman's role in the home was natural and essential to social stability. Few physicians would have disagreed with the editor who maintained that the housekeeper did not need to go abroad in search of weighty business; maybe for relaxation, but not for the discussion of woman-suffrage, politics, dress-reform, woman's supposed wrongs and her absent rights. Not content with asking women to bear the burdens already upon her shoulders, the editor complained, these home-disappointed exhorters would have her assume in part the duties of man as well. The editor took comfort in the fact that God's work was too well done in the original. His colors did not wash out, despite the hard scrubbing some women gave them. Silk was silk, and women could not turn it into wool.[30] Physicians wanted women to remain in the home, cultivate their energies, and provide welcome companionship and inspiration for the man in her life. This reflected the profession's belief that women were responsible for building up and maintaining the nerve force of all the family. She had to stand guard against nervous bankruptcy and teach her husband and children the importance of proper food, proper clothing, and a properly opened condition of the animated system of sewage. Mothers had to impress their families with the fact that the daily visit to the Temple of Cloacus, with satisfactory results, was quite as important as

the morning and evening prayer.[31] On a less mundane level, physicians wanted women to serve as inspirations for men. The worship of one good woman was the best guarantee of family stability and kept the husband from sexual wandering. Women could not reform men, physicians held, but as models and incentives to a nobler life they stood on a plane but a little lower than the martyr models.[32]

Medical men urged professionals to pay attention to basic physiological laws. They used terms like waste and repair to impress patients with the operations of the energy theory. An excess of waste over repair was certain to lead to neurasthenia, and it was the medical profession's self-assigned role to prevent these unnecessary nervous bankruptcies. The businessmen who worked too hard had to balance that expenditure (waste) of energy with some effective repair mechanism. This theory accounted for the centrality of sleep in medical literature on neurasthenia. Regular and lengthy sleep was one of the most reliable and easy preventitives of nervousness as it allowed the individual's system to recuperate and catch up with the day's activities.[33] Doctors thought that sleep minimized the waste that was so evident in cases of brain exhaustion. They believed that the increasing competition of society led to more sleep disorders.[34] The overworked businessman, the prostrated female, and the studious child all needed to recognize the role of sleep as an outpatient therapy in neurasthenia.

Doctors also urged professionals and men of affairs to avoid the excessive use of stimulants. Reliance upon tobacco and alcohol unnaturally stimulated the nervous system and frequently created a neurasthenic condition. Physicians believed that overwork combined with the use of stimulants to create intemperance in eating habits.[35] Businessmen ate too fast and developed cravings for rich and spicy foods. These stimulated the nervous system and interfered with nightly sleep. Many used sedatives and further increased the chances of illness. All these unhealthy stimuli had a definite adverse effect on the organism and eventually led to neurasthenia. Physicians believed that the individual who followed the moral code and avoided the use of stimulants might not even need to take vacations and could stay at his work the year long.[36] Regulated behavior along physiological lines was the surest preventitive of neurasthenia.

IV

Several specific cures existed to correct disturbances of the nervous system. The medical profession was realistic enough to recognize that the problem of neurasthenia, being a product of contemporary society, would be around for a long time. While most physicians hoped with George M. Beard that automatic evolutionary progress would lead to an increase in human nervous energy,[37] they believed that immediate treatment might speed the process. The profession hoped

that proposed cures would lessen the rate of neurasthenia and the number of neuropaths. The progressive strengthening of the race, combined with automatic evolutionary development, promised to minimize the danger to the health of middle class Americans.

Doctors prescribed various cures for differing states of neurasthenia. Serious cases required drastic measures, whereas milder cases could often be treated as outpatients. The rationale behind all the cures was essentially the same: excesses and imbalances created neurasthenia, and the elimination to excesses and the correction of the imbalances were essential to cure. Physicians believed that obedience to physiological laws was required and that right-living and judicious, rightly-adapted treatment abbreviated the duration of the disease and fitted the neurasthenic once again for the active duties of life.[38] The difficulty lay in discovering the proper treatment for each case. Doctors believed that there were no hard and fast rules of diet, massage, or rest. Each case had an individuality to which the treatment had to be adapted.[39] This was particularly troublesome in a period when competing specialties and diverse theories fought for a place in medical practice. Neurasthenics could only hope that they would be lucky enough to find a scrupulous and thoughtful physician and not some quack or charlatan.

The key to effective treatment was the restoration of the individual to full potential. Most often this required

that the neurasthenic withdraw from the duties of everyday life for a period of time. The cultivation of nervous energy necessitated rest, relaxation, and the total elimination of usual responsibilities. Some cases did not require such a drastic withdrawal. Milder forms of neurasthenia were often cured while the individual continued to pursue everyday affairs. A number of treatments existed to deal with these cases. Physicians frequently prescribed electricity, massage, or bromides in mild cases. They thought that electrical currents recharged the depleted nervous system and restored the individual's normal capacity for work.[40] Victorian physicians compared the brain and the nervous system to a battery and concluded that electrotherapy was well-suited to deal with the nerve-weakness that characterized neurasthenia.[41] The logic behind the use of massage was equally simple. A minimal amount of exercise was desirable for recovery and, since the exhausted neurasthenic was frequently too weak to exercise, the passive stimulation of massage was often beneficial.[42] Bromides and other drugs were also prescribed in cases of neurasthenia. Often the patient was unable to sleep and a sedative was in order. At other times doctors resorted to chemical agents believed to act as nerve tonics. Many physicians believed that the advertised nerve-tonics were not worth the trial. Pharmacy was in its embryo stages as a profession in these years, and the lack of state and federal regulations meant that drugs were of uneven quality and rather easy to

obtain. The medical profession grew increasingly wary of prescribing drugs as the rates of addiction rose and as the consideration of psychological factors became more important in nervous ailments. Purely somatic measures such as drugging gradually lost favor in cases of the functional neuroses.

More severe cases of neurasthenia required total rest as the treatment. A large number of neurologists owned and operated sanitariums that specialized in treating cases of nervous exhaustion. These institutions combined the milder forms of treatment like electricity, massage, and hydrotherapy with total seclusion. Sanitariums were usually located in quiet rural areas. Physicians thought that country life was a welcome relief from the crowded city. Sanitariums had other benefits. They took the neurasthenic out of the home. This was important, physicians believed, because the treatment of serious cases of neurasthenia was virtually impossible in the midst of usual surroundings where moral and physical conditions rapidly deteriorated under the influence of the pity, sympathy, and over-attention that neurasthenic patients attracted from their friends and relatives. The patient had to be removed from the vicious circle of home influence and treated in an environment of firmness and determination.[44] The nurse was the figure of firmness and determination in the sanitarium. There was a growing awareness in the late nineteenth century of the therapeutic value of the nurse in cases of neurasthenia.[45] A firm-willed nurse prevented patients from controlling

the sick-room drama and manipulating the people around them. The nurse carried out the physician's instructions and did not have to worry about losing the patient's affections. Doctors believed that the restful atmosphere of the sanitarium combined with the efficient nursing to provide the regularity and firmness needed in neurasthenic cases. Proper diet and total rest created a situation in which the patient gained fat and flesh and acquired increased physical and mental strength. The sanitarium served as a sort of enforced vacation for those who had violated the law of waste and repair and jeopardized their nervous equilibrium.

Some neurologists attempted to treat neurasthenics in their homes. The personal management of these cases insured that patients followed the physician's instructions and remained bedridden. The domestic rest cure often required a personal nurse and increased the cost of treatment. Doctors demanded a total compliance with their orders and took complete control of the domestic situation. The advantages of complete rest were obvious and the logic clear. The patient got away from the demands of everyday life and gained weight and strength. The woman acquired the energy necessary for child-bearing and put on weight that was valuable in emergencies.[46] The physician taught the patient to subdue the emotions thus robbing them of the ability to cause harm. Physicians tried to reestablish the will-mastery and self-control that promised elimination of the self-love and selfishness so

prominent in neurasthenic sufferers.[47] The physician controlled all aspects of the situation and often predicted a successful cure. The manner of the attending physician aroused the confidence of the patient and his assurance created the expectancy of cure.[48] At the completion of the treatment the individual was capable of reentering normal society and assuming regular responsibilities and duties. The rest cure was an accurate index of the state of medical knowledge in the Gilded Age. The profession, believing in the waste-repair law, combined it with the theory of fixed energy to argue that regular withdrawals from professional and social duties were necessary, whether in the form of recreation, vacations, or total rest and seclusion. Physicians believed that the laws of health could not be violated with impunity. Either the violators or their children would suffer the penalty.[49] The medical profession balanced the negative law that the effects of evil habits and pernicious indulgences were felt to the third and fourth generations with the equally positive law that the beneficent effects of correct living and careful observance of the laws of hygiene would continue to the thousandth generation. Doctors disagreed with those who argued that this law was intended to apply only to violations of the moral code. Careful consideration, physicians maintained, led to the conclusion that the law's provisions were equally designed to cover violations of those hygienic laws which were as binding in their obligations as those of the moral law.

Man had a physical as well as a moral nature, and the laws that governed one were as fixed and unalterable as those that regulated the other.[50] Physicians believed that a proper understanding of hygienic laws helped people adapt to the pace and uncertainties of modern life. Compensatory precautions in the realms of the physical and mental economies minimized the inherent defects of competition and modified the unscientific mode of life of America's professional classes. The individual was but a single call in the social organism, and self-development was the mechanism of social and racial progress.[51] Physicians thought that the better sort were capable of recognizing the individual and social value of adhering to the laws of health.[52] The medical profession revealed its fundamental conservatism in expressing the opinion that adaptation minimized the noxious influences of modern life and that radical changes in social and economic relationships were unnecessary.

V

Sexual excess was considered a major cause of neurasthenia. Physicians believed that neurasthenia was common at the time of life when the sexual system was dominant and logically turned their attention toward the reproductive organs. The medical profession revealed its affinity with the middle class in holding that the rationality and regularity of sexual behavior led to individual and social health and morality. Doctors believed that this rationality and regu-

larity distinguished man from the animals and was one of the hallmarks of progressive civilizations. The moral sense and elevated sexual ideal were the latest evolutionary developments and consequently had to be carefully guarded.[53] America's physicians reserved some of their harshest language for those who violated the accepted rules of sexual behavior. These violations, transmitted through the law of heredity, weakened the race and branded the transgressor as one lacking in morality and self-control. While excesses in other areas created neurasthenia, excesses in the sexual sphere did the same and additionally posed a threat to the very foundations of social order.

Physicians strengthened their usually harsh strictures against excessive sexual behavior in cases of neurasthenia. They warned neurasthenics to avoid all sources of sexual excitement such as coitus, masturbation, lascivious thoughts, and "imaginative" literature. Doctors told patients that unless they practiced moderation their condition would worsen and make eventual recovery problematical.[54] The profession considered masturbation the most dangerous sexual excess of childhood. The spread of self-abuse convinced physicians that parents were not doing a satisfactory job of imbuing children with proper values or teaching them the necessity of self-restraint and personal hygiene. Self-abuse created dangerous imbalances in the youth's nervous system and made him a prime candidate for neurasthenia. Physicians spoke out strongly

against the vicious habit and believed that the elimination of the excess would go a long way toward lessening the rate of neurasthenia. Many in the medical profession believed that laws should be passed prohibiting known masturbators from marrying. They feared that self-abusers would pass the practice on to their children who would in turn marry and pass it on to their children. Visions of a nation of self-polluters convinced physicians to support legal restrictions in cases of perversion.[55] They hoped that these legal restrictions would eliminate the unfit and preserve the health of America's better sort. The regulation of the marriage of human kind, according to some doctors, should take place with the same common sense the stock raiser used in breeding his kind.[56] The medical profession's belief that incorrigibles should not be allowed to propagate reflected the fatalism of hereditarian theory. It also corresponded with the pessimism accompanying the decline of the middle class conscience.[57] The regulation of marriages would eventually lower the number of neuropaths and prevent the spread of perversion and functional neuroses like neurasthenia. Doctors felt that perversion was nothing more than the outgrowth of abuse. The problem was more widespread in cities because youths had less opportunity to work off their animal energies than in the country.[58] Physicians looked to programs of physical exercise to provide the necessary recreation for city youths. They thought that physical fatigue was antagonistic to the sexual appetite. Energy which

might be expended sexually could be worked off in a program of physical hygiene. Physicians viewed gymnastics and athletic training as adjuvants to the accomplishment of self-restraint. Daily excessive muscular exercise carried to the point of lassitude strengthened the will and gave the individual the ability to resist the startling and suggestive impressions of an imagination gone astray. Doctors did not want to make record breakers out of America's youth, but, as one physician said, who would not rather have his son contract a bad heart or a hernia than to see him a sexual pervert?[59] Another preventitive of self-abuse was the tonic of good associations, "elevating" literature, and sober talk. These took the individual's attention from his sexual apparatus and eliminated the introspection so common in these cases. In recalcitrant cases of abuse physicians recommended the excision of nerves. Although masturbation was primarily a male problem, physicians believed that some men were teaching women the habit. Since the medical profession considered purity and womanhood as synonymous, it came as no surprise that they resorted to radical surgery in those cases that violated the norm of sexlessness.[60] Physicians counseled against marriage in cases where there was the least possibility that the habit might be transmitted via heredity to another generation.[61] They thought that masturbation was especially prevalent in the offspring of neurotic families and consequently urged these individuals to sacrifice their

familial aspirations for the good of the race. These physicians criticized those who recklessly prescribed marriage as a preventitive to sexual excess. They argued that if marriage came in the natural course of events, as it often did, so much the better. To select a wife as a remedial agent for masturbation was unjust to the woman and a confession of moral and mental feebleness. Man had to raise himself with a determined effort of will. Chaste thoughts and pure associations, vigorous physical exercise, and a resolute effort to act in a manly spirit was the prescription for success. These physicians believed that advice to marry in these cases was an unevolutionary view and an admittance of weakness. They argued that perfect health was consistent with chastity and attacked the idea that carnal relations were necessary for manhood.[62]

Sexual controversies in the Gilded Age took place within a Puritanical framework. The debate centered on whether ignorance or knowledge led to purity.[63] There was very little debate over the fact that purity was the desired goal. The medical profession's judgments on sexual matters took place within this framework and reflected its concern with the relationship between sexual behavior and neurasthenia. There was little unanimity within the profession regarding the relative merits of ignorance or knowledge in discussions of a sexual nature. Certainly physicians proved much more willing to discuss these matters than the rest of the population. Their discussions revealed that medical men held opinions on sexual

matters that corresponded closely with those held among their peers. The profession's opinions carried the prestige of scientific objectivity and ethical impartiality.

Some physicians defended reticence in sexual matters and attributed vicious habits to publicity and the schools. It was difficult to restrain bad instincts, these men maintained, as long as individuals received a premature knowledge of sex. They gained this knowledge from such diverse sources as literature, the pulpit, and the press. The awakening of morbid and introspective tendencies, some doctors argued, led directly to self-abuse and sexual precocity and were a complicating factor in neurasthenia.[64] A growing number of physicians, as concerned with purity as their critics, opposed the prescription of ignorance in sexual matters. They argued that the silence was so profound that many men and women, upon first learning that they possessed sexual feelings, imagined that they were either abnormal or unclean.[65] These physicians believed that some basic instruction in sexual matters would probably save many marriages from disaster. The man would no longer regard his wife as a sexless object and the woman would no longer view her husband as a mere brute bent solely on satisfying his lust.[66] These physicians believed that a large number of neurasthenic complaints stemmed from misinformation in the sexual sphere and criticized some of their fellow physicians for continuing to counsel ignorance in this important area. They believed that physicians were

honest and sympathetic in treating all kinds of ailments except functional disorders of the sexual system. What passed for sexual physiology was, according to critics of reticence, actually no more than sexual theology. Doctors, who should have been counseling men and women in sexual behavior, merely reinforced prevalent beliefs and opinions. Since a woman who would confess to feeling genuine sexual desire lost her reputation for virtue, she would not admit it. Too many physicians took this at face value and set it down in textbooks that the ideal female had no sexual feeling and only submitted to her husband's embraces to satisfy his passion and to keep him from seeking gratification elsewhere.[67] One physician made a survey of twenty-five "cultivated" women to ascertain their views on the role of the woman in these years. Only eleven of these women stated that they were conscious of possessing natural human instincts. They had very aesthetic views of maternity and believed that to be a housewife and companion for a man was the best thing a woman could do. The calling with the greatest dignity and beauty was that of the matron.[68] Critics of reticence disputed surveys like this one and believed that knowledge was better than ignorance in matters of sex. They thought that individuals of the better sort were able to train their higher centers to dominate the lower and could be trusted to use good judgment. These doctors rejected the contention that knowledge led to license and threatened the proper relationship between the sexes.

Ignorance of sexual basics, they maintained, was a major cause of neurasthenia. Sexual enlightenment created a communicative relationship between husband and wife and relieved their fears of impotence and immorality. The regularization of marital habits lessened the nervous strain on men and women, improved their overall health, and made the woman capable of surviving the trying months of pregnancy. Well-adjusted and sexually-enlightened parents were the best guarantee of the future greatness of the American race.

VI

Treatments for neurasthenia in the Gilded Age ranged from hydro-therapy to travel, from massage to total rest. Diverse as they were, they shared common themes and rationales and clearly delineated the basic values and assumptions of the American medical profession. Doctors believed that the key to effective treatment was the elimination of excesses and the adjustment of the individual to the ever-changing nature of social reality. This belief coincided with the profession's contention that individuals with strong wills and self-control seldom acquired neurasthenia. Neurasthenics were weak-willed and lacked self-control. The successful treatment of neurasthenia required the strengthening of will power and the inculcation of proper values. Irregular and excessive behavior had to be eliminated through a program of basic re-education. The physician had the difficult task of edu-

cating patients out of their unhealthy ways.

The debate over coeducation within the medical profession illustrated that opposing sides on the same issue recognized the necessity of will power and self-control. Those opposed to higher education for women thought that the fragile female system was incapable of dealing with the hothouse atmosphere of the schools and the intensity of prolonged studies. College women, according to this point of view, reduced themselves to nervous bankruptcy, displayed neurasthenic symptoms, and unfitted themselves for marriage and motherhood. They displayed the weak will and loss of self-control characteristic of the neurasthenic. While they were a distinct minority, some physicians and lay critics favored higher education for women. Their support of coeducation seldom constituted an attack against the established order and rigorously adhered to the conservative values and premises of their opponents. These people favored the further education of women which would not endanger their feminity or make them coarse or willful.[69] They argued that women needed more and not less education since schools taught self-respect and self-control and greatly influenced character. They noted that in the western part of the United States, an area they believed was more equalitarian and progressive, coeducation was common and seemed to pose no threat to woman's health.[70] More importantly, these critics maintained, female education was necessary from a physiological point of view. Since

fashionable society accentuated the emotional side of women, coeducation was necessary to remedy this situation and enhance their will power and self-control.[71] The debate over coeducation was only one example of the fact that physicians and social commentators, though they disagreed on specific issues, believed in values that transcended the immediate debate.

Physicians categorized neurasthenics as individuals who violated physiological laws and failed to live within their limits. While palliatives like massage, drugs, and rest helped in neurasthenic cases, the most valuable course lay in convincing individuals to husband their strength and utilize their forces wisely. The physician wanted to endow the patient with an instinctive acceptance of necessary limitations. A perfectly-educated will was the surest way to insure this acceptance; there was no control over nervousness like a perfectly-educated will. A strong will ruled over the nervous system like a monarch and prevented that increase of reflex actions characteristic of the nervous.[72] Doctors believed that the human will was the mainspring of intellectual and moral progress on earth and should be the subject of assiduous cultivation and discipline from infancy. Physicians argued that parents had an obligation to themselves and to society to insure that their children learned that will power and self-restraint were the most important characteristics of a stable personality.[73] This belief was the logic behind

the medical profession's conservative critique of American society. Excessive actions and practices in education, fashion, and sexual relationships threatened the proper development of the will power and self-restraint necessary to sustain and guide the healthy individual. Ignorance of personal hygiene accentuated the problems of life in modern America and contributed to the problem of neurasthenia. The medical profession revealed its fundamental values in a conservative critique. Physicians, aware of the crucial role of the family in personality development, argued that discipline was preferable to license. This was especially true at the time of life when habits were formed which were to establish either physical and moral well-being or the contrary.[74] Doctors believed that families had to instill profound and earnest convictions in their members. Deep-seated convictions, fixed purposes, and the exercise of a firm will strengthened the higher centers and enabled them to dominate the lower. This was especially important, the medical profession contended, in these decades of doubt and speculation.[75]

CHAPTER III

FOOTNOTES

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[13]I. N. Love, M. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 524.

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[17]R. M. Phelps, M. D., "The Nervous Element Among Ordinary Diseases," Gaillard's Medical Journal (New York), 61 (1895), 11.

[18]"Mental Overwork," Popular Science Monthly, 8 (1875-6), 766.

[19]Physicians were not searching for the kinds of socio-psychological information that later generations were. They were mainly concerned with determining the possibilities of the inheritance of nervous problems and felt that they might have to counsel against marriage in cases of atavisms. See Frank R. Smith, M. D., "The Prophylaxis and General Hygiene of Diseases of the Nervous System," Maryland Medical Journal, 37 (1897), 114-115.

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[21]William Lee, M. D., "Headaches Among Young Children," Maryland Medical Journal, 7 (1880-1), 487.

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CHAPTER IV

SOMATICISM AND THE PSYCHICAL METHOD

I

Neurasthenia was an important problem during a significant period of American medical history. The literature on neurasthenia revealed the major therapeutical concerns and the central theoretical debates of an increasingly optimistic and prestigious profession. Neurasthenia was a particularly illuminating problem because its subjective and functional nature contrasted sharply with the objective and organic bias of the prevailing somatic style. The increasing number of failures in treating neurasthenic cases contributed to a crisis of confidence among those committed to the somatic style. A growing number of physicians realized that functional neuroses like neurasthenia required more than the prescriptive medicines and benign neglect of a profession reluctant to confront the subjective and unmeasurable nature of mental symptoms. Pharmaceutical agents had their place, these physicians maintained, but the correct management of the mental symptoms of neurasthenia depended upon more than purely medicinal measures. The best way to reduce nervousness to a minimum, one physician argued, was for doctors to become teachers

as well as venders of pills and powders.[1]

Functional problems like neurasthenia posed an important challenge to the medical profession. Doctors could either continue to dole out medicines, hoping they would cure functional problems, or they could reevaluate their personal role in the management of complaints like neurasthenia that did not display physical stigmata. Critics of the somatic style argued that only ailments with a definite organic basis responded to the treatments that many physicians continued to rely upon. These men believed that, in those cases displaying only subjective symptoms, the physician was more important than the physics in the course of treatment. Since mental symptoms predominated in the functional neuroses, moral forces came strongly into play. The attending physician had to display a true sympathy for the neurasthenic's sufferings in order to win the patient's confidence.[2] Perserverance was more important than a hurriedly-written prescription and a few words of advice. The successes of the psychical treatment in neurasthenic cases lent valuable evidence to those critical of the somatic approach to the functional neuroses. Reported instances of cures convinced other members of the medical profession that subjective symptoms did exist and could be treated. This led to a more tolerant and optimistic atmosphere concerning problems like neurasthenia and contributed to the critical reappraisal of somatic measures in situations where mental symptoms predominated.

II

The growing concern in the profession with mental therapeutics contributed to the decline of the importance of the reflex theory in medical thought. That theory maintained that man's survival depended upon instinctual responses. Physicians used evolutionary thought to argue that with the passage of time and the acquirements of culture man relied less and less upon purely instinctual responses and depended increasingly upon voluntary mental processes. Man's use of his mind freed him from total reliance on the reflex.[3] Individuals and societies low on the scale of civilization continued to occupy the dead level of mere instinct. Those living in advanced cultures transcended the reflex level of instinctual existence and exhibited judgment and will. Civilized individuals, the brain-working middle class of urban America, rose above the instinctual level of animal life and worked their will on society. One result of this will-full cerebration was progress. Another was an increased rate of mental illness. Physicians believed that savages did not suffer from diseases like neurasthenia. Their unsophisticated nervous apparatus protected them from complex nervous disorders. Functional neuroses assumed great importance only in highly-evolved societies. The sophisticated members of the American middle classes provided fertile soil for the spread of neurasthenia and allied ailments. The rich escaped because of a leisurely

lifestyle, and the poor because of laziness and lack of neural development. The middle class paid for its life of work and its sophisticated nervous organization with nervousness. These people lived on the higher planes of intellectual and moral culture where reflex and automatic influences were minimal.

The reflex theory was an indispensable element of the somatic style of medicine. Somaticists commonly believed that disturbances in one part of the organism had reflex results in other parts. This was the logic behind the conservative argument that masturbation led to insanity. According to somaticists, the physician faced a rather simple problem. All he had to do was figure out where a given disease originated. Having ascertained the source, he could effectively deal with the ailment. Only the body could be diseased. The mind, synonymous with the soul, was never diseased. Somaticists believed strongly in this mind-body dichotomy and refused to accept the theory that mental symptoms actually existed.[4] They wanted medicine to focus exclusively on objective stigmata and a narrowly positivistic interpretation of disease. Somaticists had little sympathy for anything other than observable proof of disease and spend much of their time searching for lesions, which they thought were the physical evidence of actual disease.[5]

Critics of the somatic style had a different view of the human organism. They believed that subjective symptoms were important, though they did admit that they were un-

measurable and consequently difficult to manage. These doctors thought that it was quite reasonable to assume that the mind could be diseased without physical evidence being present. They argued that functional neuroses like neurasthenia actually existed and could never be correctly handled within a localistic framework. Most of these physicians were younger and more receptive to recent European developments than somaticists and took a constitutional approach to disease. They were primarily interested in restoring a proper tone to the entire organism. They were dissatisfied with purely somatic measures, especially in the functional neuroses. Since somaticists insisted on dealing only with physical evidence, these physicians argued, they were unable to understand subjective and psychological symptoms. This insistence prevented somaticists from sympathizing with neurasthenics. Critics argued that somaticists treated neurasthenics in an atmosphere of misunderstanding and hostility. Critics of the somatic style were not surprised that many of these patients turned to charlatans. At least these people provided neurasthenics with much needed sympathy.

Critics held somaticism accountable for the failure of medical treatments to keep up with the changes that were taking place in American society. They also attacked the pessimism that accompanied the decline of the cult of curability in somatic circles.[6] This negativism stood in the way of medical creativity and explained somaticism's preference for

maintenance over cure. Somaticists had no broad vision of medicine's social role and ignored the necessity of constantly reevaluating their methodology.[7] Therapeutic measures adequate in an earlier age often failed to account for new disease categories. The brain-workers of industrial America suffered from ailments that had not been as important in the antebellum period. Neurasthenia seemed a modern malady that resulted from the pace of civilization and the evolutionary development of the human nervous system. While local treatments still had a place in medical practice, only constitutional methods could successfully tame this new functional ailment. These physicians regarded neurology as an evolutionary outgrowth of an earlier medical age and the one specialty most likely to deal effectively with neurasthenia.

III

Increasing specialism in the American medical profession complicated the treatment of problems like neurasthenia. Specialists tended to concentrate upon that part of the body that fell within their area of expertise. Constitutionalists frequently condemned gynecologists for laying undue stress on utero-ovarian manifestations. Gynecologists failed to realize that many disorders of the reproductive system did not constitute the essential disease but were merely local expressions of a general neurosis.[8] Critics accused gynecologists of acting upon the false idea that woman's entire physiological and pathological world was her womb.[9] This belief

was the basis of the gynecological reliance on radical surgery as the best way to relieve female problems. Critics argued that clitorectomies, ovariotomies, and oophorectomies often failed to cure local problems. They contended that gynecologists lacked a comprehensive view of the patient's ailment and often failed to take functional symptoms into account. Advocates of constitutional methods noted that gynecology was only one of many groups that relied almost exclusively upon local treatment. Rhinologists recognized only catarrh problems, dyspepsia specialists only gastric disorders, and spermatorrhea specialists only reproductive maladies in explaining symptoms. Constitutionalists harshly condemned the narrow perceptions of localists. They called them hypochondriacal cranks whose fatal error was to load all the ailments of the physical body onto one organ. Unsuccessful in their therapy, constitutionalists argued, localists doubted the value of medicine in the treatment of disease. In an obvious attempt to cover up mistakes, they advised patients to do without medicines of any sort. Constitutionalists believed that there was no way accurately to measure the harm that had come to the general public as a result of localistic failures.[10]

Opponents of localism contended that neurasthenics had to be treated as patients and not as disease labels. They believed that neurasthenia resulted from a condition of pathological fatigue that could be corrected only within a generalistic framework. The first step was to find out whether or not

the patient had a lesion of any sort. This would make it clear whether the problem had an organic basis and would dictate the nature of the treatment.[11] Strictly local measures were quite appropriate in instances where there were ascertainable physical stigmata. These doctors argued that even where specialists made a correct diagnosis problems remained. Foremost among these was the touching faith that many practitioners had for nerve tonics and nerve foods. Too many doctors continued to view drugs like bromide of potassium as panaceas for nervous diseases. Constitutionalists argued that the bromides harmed nervous patients because they were powerful devitalizing agents.[12] If the physician found no lesion, there was no excuse for adopting an exclusively local treatment and a more general approach was in order.

The precise nature of this "more general approach" was an important issue. It proved easier to criticize somaticism than to agree upon a viable alternative. The temptation to fall back upon medical orthodoxy undoubtedly affected many physicians unwilling to jeopardize their practice or social standing. This reflected the basic conservatism of many in the medical profession and their desire to make do with existing methods of diagnosis and treatment. Those dissatisfied with the somatic style were reluctant to incur the wrath of physicians committed to the prevailing methodology. Despite these obvious difficulties, the outlines of a general approach to the functional neuroses gradually emerged during the

last decades of the nineteenth century. The profession paid increasing attention to subjective symptoms and psychological disorders, and the practice of mental therapeutics developed into an important part of American medicine.

IV

The success of psychical treatments for neuroses like neurasthenia depended upon the personal qualities of the individual physician. Not all doctors had the patience and tact needed in these difficult cases. Since each case needed an individual treatment, it took a special ability to perceive the exact nature of the problem. James J. Putnam noted this difficulty when he wrote that the lighter forms of neurasthenia were practically indistinguishable from health.[13]

Only the physician's personal magnetism could supply the missing "nerve-link" between will and act in these cases.[14] Many doctors now believed that a sense of awe and respect had to be created in the patient.[15] The neurasthenic needed complete confidence in the physician and a willingness to obey his every command. Most members of the profession argued that women were unable to command the necessary awe and respect in their patients. Starting from the premise that no woman was capable of controlling her nervous system, an Alabama physician said that medicine was a masculine profession. It required a cool head and a steady hand. The physician had to be calm and sympathetic. When life and death hung on a single thread and loved ones watched every expression of the physi-

cian for an indication of the ultimate outcome, a cool brain and a steady nerve were everything. This was too much to expect of a woman, who was likely to become hysterical under such pressure. This physician maintained that it was a well-known physiological fact that females suffered from nervous depression or excitation from ten to fifteen days a month. Surely they could not expect to follow their profession only on a half-time basis. The doctor believed that man, having a coarser brain and less impressible nervous system, could witness scenes with perfect coolness that would stop a woman's heart.[16] This analysis cited only a few of the reasons that most men thought unsuited women for medical duties.

Perceptive physicians believed that the neurasthenic carried a double burden. Even though the individual was sick and in despair, friends and relatives often made little effort to conceal their opinion that the neurasthenic's illness was fictitious.[17] It took the strongest influences of the profession to overcome the effects of this situation. The doctor's duty was clear. He had to teach the patient that self-control and a strong will were the best preventitives of neurasthenia. The successful management of these cases made great demands on the attending physician. Personal interest, determination to benefit the patient, patience in the face of repeated disappointments, and a firm resolution to bring out the logical powers of the patient were all necessary in these apparently unconquerable cases. Only the physician who triumphed in

cases of the functional neuroses could appreciate the rewards of his sacrifice.[18]

Many members of the profession were not willing to be so sacrificial. Unfortunately for the reputation of medicine, there were a number of mountebanks and pretenders more interested in money than in the condition of their patients. Critics maintained that only their audacity equalled their poverty of medical knowledge.[19] These medical pretenders compounded the difficulties of confronting new disease categories and illustrated that the profession still suffered from a lack of training institutions and a shortage of admittance regulations.

V

The first step in the psychical treatment of neurasthenia was to control the patient's life. Success depended upon the physician mastering every more.[20] A problem arose at the outset since patients immediately asked the doctor how long the treatment would last. Physicians believed that neurasthenia, being a functional problem with an individualistic character, was an unpredictable quantity. The problem was often complicated because the patient had previously resorted to a charlatan and was more exhausted than he would have been otherwise. It might require two or three years of intense treatment to produce a complete cure. It was not uncommon for practitioners to give an estimate of anywhere from one to ten years in these cases.

This indeterminacy made doctors use great circumspection in dealing with the patient's initial inquiry. The attending physician should avoid fixing a definite timetable. He should merely note the uncertainty of the disease and convince the patient that the length of time required for a cure depended entirely upon the rate of progress made.[21] The important thing initally was to create a mood of expectancy and convince the patient that he was curable.[22] The patient had to have faith and not be discouraged at the chain of relapses that often marked the course of the disease. In order to hasten recovery, physicians even discouraged litigation in cases of traumatic neurasthenia commonly referred to as "railroad spine." Doctors believed that a lengthy court case only extended the time of trouble and was seldom worth the cost.[23] The creation of an expectant mood put the patient at ease and gave him the impression that the physician knew what he was doing. This initial confidence provided the doctor with an immediate opportunity to capitalize on his position. With firmness and determination the physician began to eliminate the unfavorable conditions that existed in the surroundings of neurasthenic patients. This was a way to insure that the patient stopped violating the physiological laws that governed his being.[24]

It was common for the physician to take neurasthenic patients out of the home. Many doctors believed that it was

preferable to leave behind the interests of family, the accustomed routine, and anxiety for the comfort of others. Doctors wanted to place the patient under a new authority as implicitly as the soldier who left home and business behind. S. Weir Mitchell put it best when he said that the chance of cure depended upon the childlike acquiescence of the patient.[25] This allowed the physician to establish the necessary mental control of his patient. Neurasthenics were in a state of increased mental suggestibility and the doctor should take advantage of it.[26] He should dictate a complete course of treatment. Patients who adhered to the program had every prospect of recovery. If the patient deviated from the prescribed regimen the doctor should retire from the case. Complete confidence was essential if the patient and the physician were to work together in neurasthenia. While the patient was totally dependent upon the physician, the reverse was equally true. The physician had only the statements of the patient regarding the symptoms from which to diagnose the case.[27] Since few people were perfectly truthful witnesses on subjects of special interest to themselves, these doctors maintained, the physician had to give unwearied patience to eliciting the testimony of a subjective and pathological character. This was the only way for the physician to form an accurate opinion and illustrated the technical difficulties that the individuality of neurasthenia posed.

The specific method of treatment was less important than the psychical influence exerted. The capacity for good stood largely in the ability to instill a positive attitude in the patient. This explained why physicians believed that the type and duration of electrical treatments was less important than their psychic value of suggestion.[28] The wise physician used every mechanical, electrical, and hydrotherapeutical appliance available. Combined with the judicious bearing of the physician, these appliances inspired confidence in the patient.[29]

Persons in a depressed and nervous state required the frequent advice and counsel of the physician. Neurasthenics were in a condition of more or less profound despair and often looked upon the physician as their only hope. Beset with unpleasant ideas, morbid fears, and vague apprehensions, neurasthenics needed to carry their troubles to a medical advisor on a daily basis.[30] It was the doctor's job to get patients to look forward to these daily visits. He had to persuade patients to talk about their accomplishments and not dwell on their problems. Physicians who specialized in these ailments placed heavy emphasis on daily sessions. Patients were seldom out of the physician's sight and did not have time to dream up new complaints. This prevented them from indulging in dangerous self-pity and introspection. When the doctor had the full confidence of the patient, he was able to convince the sufferer that

minor setbacks were relatively unimportant in the overall course of the disease. The competent physician was capable of seeing beyond the present difficulty and was able to predict a successful outcome. Neurasthenic specialists believed that patients who had to account for every hour of every day gradually recovered their strength of will and were capable of reentering normal society.[31]

VI

Physicians could not rely upon a fixed formula in the treatment of neurasthenia. The individuality of each case meant that different variables entered into every situation. While the specific treatment often varied, the desired end was always to return the patient to full productivity. Through a systematic and usually lengthy course of treatment, the physician tried to endow the patient with a strong sense of purpose. Doctors told patients that an habitual observation of the natural laws of health was the surest way to increase the power of self-control necessary in these cases.[32] Neurasthenic specialists saw mental therapeutics as the most reliable way to insure the individual's adaption to hygienic principles. They believed that the mind's influence on the body in functional illnesses necessitated a method that could relieve the patient's feelings of self-reproach. Somatic measures were not totally abandoned, but few of these physicians relied upon them exclu-

sively. It was more common for doctors to use somatic measures in conjunction with other therapeutic means. This was the medical aspect of the eclecticism that ran through American life in the Gilded Age.

Somatic critics challenged both the philosophy and ethics of mental therapeutics. The heart of this challenge was the argument that the psychical style was an art not a science. It was unsystematic and resembled various kinds of faith cures. Somaticists charged that psychical methods threatened the reputation of the medical profession. Their preoccupation with subjective symptoms and vague diseases was inconsistent with the profession's emphasis on objective and quantifiable data.

Criticisms of the philosophy of the psychical style were nothing compared to the attacks regarding its medical ethics. Somaticists argued that the starting point of the psychical approach was the physician's conscious attempt to control his patients. Relying upon his powers of persuasion, the doctor dictated a course of treatment and took complete control of the patient's life. Somaticists thought that this type of doctor-patient relationship was professionally suspect, granting the doctor far too much authority. Somaticists believed that too many patients simply surrendered to the physician. Out of despair for their health, they felt they had no other choice but to trust the doctor completely. Somaticists argued that there were many physicians

using psychical methods who proceeded to violate this trust. They gave metaphorical explanations of the disease to patients. This allowed the patient to view the disease simplistically, and the physician hid his ignorance behind an all-encompassing prognosis.[33] Somaticists maintained that this surrender was clearly antagonistic to the desired spirit of treatment in these cases. The physician was supposed to restore the individual's ability to make decisions and regulate his own life. Psychical treatments led in the opposite direction since they made the patient totally dependent upon the physician. Somaticists claimed that they were unable to understand the logic behind the creation of patient dependency in cases displaying symptoms of will-loss and lack of self-restraint. Somaticists also attacked mental therapy's emphasis on the necessity of creating a mood of expectancy in patients. According to this theory, patients who believed that they were on the road to recovery usually recovered. Somaticists argued that the medical profession should oppose methods that dealt in such blatant deception. It was one thing to try to impress the patient with a professional bearing, but to lead the patient on, often with no reason, was certainly medically unethical. Somaticists believed it wiser to assume a noncommital posture in difficult cases. This would not only be a more ethical position, but it would also protect the physician's reputation in case of failure.

Those using psychical methods argued that results were more important than the specific means used and claimed that their record of success spoke for itself. These physicians frankly applied the best elements of faith-cures in their practices. The open-minded and genuinely concerned physician, they held, was not afraid of borrowing from other disciplines in difficult cases. The amorphous character of neurasthenia made it necessary to reject dogmatic procedures and assume a pragmatic stance. The physician should not be embarrassed to learn a lesson from faith-healers and Christian Scientists.[34]

The recognition of the mind's influence over the body in functional diseases even made hypnotism an important topic of discussion in medical circles. Neurasthenic specialists viewed it as one of the best ways to use the mental suggestibility of their patients. They believed that mental control could help end an illness.[35] Somaticists opposed hypnotism as unscientific since it dealt with emotions that were impossible to isolate and measure. Somaticists also questioned the ethics of hypnotism. It created an excessive amount of patient dependency. Critics held that the use of hypnotism was the logical conclusion of the psychical approach's emphasis on dominating the patient and his mental processes.

S. Weir Mitchell, one of the most prestigious and successful neurologists of the period, consistently defended

the use of mental therapeutics. In Fat and Blood, and again, in Doctor and Patient,[36] Mitchell attacked somatic critics for failing to distinguish between the content and the spirit of medical techniques. Mitchell denied that mental therapeutics was quackery. The correct definition of quackery was one that distinguished between the spirit and content of specific methods. The well-intentioned physician who used psychical means was not a quack according to the proper definition. Mitchell admitted that psychical methods were in their infancy, but thought they held great promise. Mitchell accepted as a fact of life the belief that medicine was still as much an art as a science and consistently defended mental therapeutics from somatic criticism. As a sophisticated proponent of these methods Mitchell recognized, as did other like-minded physicians, that they posed a potential threat to professional standards. The difference between somaticists and mental therapists on this issue was that mental therapists saw no reason to reject psychical methods out of hand. They wanted to incorporate the best of these methods and provide even better health care. The problem facing the profession was obvious. Mental therapeutics was the mainstay of charlatanry, yet it was also the backbone of many professional successes.[37]

One of the most informative debates between somaticists and advocates of mental therapeutics took place in the pages of The Omaha Clinic.[38] The debate concerned the

Keeley method which relied primarily upon persuasion and the expectancy of cure. After one physician told how the Keeley method failed to cure a nervous woman, a number of those present engaged in a heated debate over the philosophy and ethics of mental therapeutics. Somaticists lined up solidly against the Keeley method. They accused Dr. Keeley of being a quack who was using medicine to make his fortune. One doctor called Keeley's method nothing more than hocus-pocus; another labelled it pure humbug. Somaticists claimed that many physicians used the Keeley method as a placebo because they were unable to understand the patient's real problem.

Defenders of the Keeley method pointed out that many patients benefitted from a climate of expectancy. They accused somaticists of rejecting the method out of envy for its tremendous success in dealing with problems they failed to cure. Many claimed that they did not necessarily endorse Keeley, but they knew that he had cured people no one else had. The discussion over the Keeley method revealed the basic contours of the debate between somaticists and mental therapists. Somaticists believed that the method was quackery; mental therapists defended its spirit if not the method itself.

VII

Mental therapists treating functional neuroses like neurasthenia took pride in not letting the crisis of the somatic style frustrate their efforts. The success of psychical measures created a mood of expectancy and optimism among neurasthenic specialists. These physicians thought that their ability to deal with higher forms of disease illustrated their competency and willingness to entertain novel methods. It also set them apart from the conservative somaticists. Mental therapists believed that they could control the spread of nervousness. They argued that subjective symptoms were less recalcitrant than somaticists feared. Therapeutic successes reassured those physicians who might have had mixed feelings about the injection of new and controversial modes of therapy. Success also reinforced the profession's position of authority and prestige with the general public.

Medical literature on neurasthenia revealed the profession's optimism and growing sense of assurance. Physicians claimed that although nervousness was still an important problem, recent therapeutical developments promised to minimize the threat to America's health. The literature in medical journals reflected the belief of physicians that the medical profession had a great role to play in American society. It was the doctor's job, specifically in cases of

neurasthenia, to help the middle class adapt to the new industrial environment. The increase of nervousness indicated that the transition was not easy to make and convinced the profession that difficult times lay ahead. The profession believed that it was up to the challenge.

The discussions of neurasthenia and other newly perceived medical problems revealed the aggressiveness of the profession. Doctors believed that they had to instruct the public in matters of hygiene. They had to teach parents that the laws of health could not be violated with impunity. According to hereditarian thinking, violators and their offspring would suffer the penalty for hygienic ignorance. Physicians told each other to regard themselves as missionaries in the field of preventitive medicine. They should point out the threats of health and life that existed in American society.[39] Many doctors were not content to propagate their beliefs solely in the privacy of their examining rooms. Their zeal prompted them to lecture and publish in order to spread the gospel of hygienic truth. They benefitted from the prestige of their scientific position and gained easy access to the public forum. These talks and writings evidenced the profession's belief that the character of specific medical problems indicated the quality of society. Neurasthenia was one of these problems. The profession's immediate duty was to develop a theory of causation and a philosophy of cure to deal with individual cases. Once this process was

under way, physicians believed that they had to speak out on the basis of their findings. Statistics showed that a disproportionate number of neurasthenics were members of the urban middle class. Physicians examined middle class life to discover the reasons for this epidemic. Physicians believed that numerous excesses and widespread violations of physiological laws combined to make neurasthenia a troublesome medical issue. The profession told the middle class that rigid adherance to hygienic laws was essential to individual and social health. Physicians believed that healthier people were more productive people. It was a satisfying accomplishment to restore individuals who were prone to ignore their physiological limitations.

Physicians thought that it was particularly difficult to deal with neurasthenics who were sexual wanderers. These cases were a true test of the medical man's abilities. The reluctance of the patient to discuss the situation combined with the physician's aversion to sexual topics to complicate the problem. The doctor had to rescue these people from their passions so that they could serve as examples to others tempted to roam. Success in these cases depended largely upon the physician's ability to convince the neurasthenic that the home was a source of enduring happiness. This advice contained value judgments and exhibited the profession's preference for control and rationality over excess and irrationality. Physicians believed that their example of personal

rectitude could inspire the patient to emulate their stance. They had to teach deviates to prepare themselves physically and mentally for the duties of normal life. The profession used medical findings to articulate a general philosophy of behavior. They used mixed metaphors and drew freely upon non-medical values. Some of the broad statements medical men made clearly illustrated this tendency. Summaries at the end of articles on neurasthenia commonly preached that labor was honorable while idleness was a disgrace; the noblest work of God was man as God intended him to be; to retain health and the ability to accomplish the most required regular periods of rest. These lessons promised to make the middle class capable of withstanding the hardships and adversities of modern life.[40]

VIII

The debate over mental therapeutics revealed the lack of unanimity in medical circles regarding the existence of and treatment for the functional neuroses. The belief that the physician and not the physics was the key to cure in these subjective illnesses was clearly unacceptable to doctors still committed to the somatic style of medicine. Somaticists continued to argue that the mind-body dichotomy made such a belief untenable and refused to consider psycho-somatic complaints seriously. They claimed that only objective symptoms were worthy of medical consideration and

opposed the attempt to inject psychology into psychiatry.[41] The somaticists' materialistic interpretation of disease depended heavily upon medicinal agents and left little room for the physician's personal influence. Psychical treatments put less emphasis upon purely medicinal measures and concentrated instead upon the personal equation of the attending physician. While somaticists were suspicious of patients complaining of vague, subjective symptoms, mental therapeuticists tried to sympathize with these individuals.

These contrasting styles demonstrated that the medical profession was in a transitional stage that paralleled other changes taking place in American society. The internal developments in the profession reflected the mutual relationship that existed between medicine and society. Changes and conflicts in medical practice often resulted from purely scientific developments. But they also came about because of the profession's desire to protect the urban middle class. This desire often outstripped the pace of medical innovation and created a gulf between theory and practice. Attempts to bridge this gulf required physicians to lean heavily upon common sense and personal biases. The profession's approach to neurasthenia was a good example of this problem. As a modern malady, neurasthenia was not adequately accounted for in medical theory. This did not eliminate the necessity of treating neurasthenic patients. Physicians had to blend existing physiological knowledge and personal value judgments.

George M. Beard, the leading authority on neurasthenia, personified the attempt of neurasthenic specialists to close the gap between internal developments and external demands. Beard recognized that the human neural apparatus was at odds with its immediate environment.[42] He also recognized that the medical profession did not have a theory to account for functional ailments like neurasthenia. In American Nervousness,[43] Beard discussed all aspects of the problem of neurasthenia, but he was unable to promise a cure for the here and now. While he did not foresee an immediate solution to the problem, Beard did not despair. A thorough believer in the evolutionary process and of America's special place in that process, Beard reconciled his immediate pessimism with an ultimate optimism. He acknowledged that the medical profession was presently unprepared to stem the tide of nervousness, but he believed that medicine would eventually tame the functional neuroses. Beard endorsed mental therapeutics as an evolutionary product of prior medical styles and believed that medicine would conquer all disease at some time in the future. Beard subscribed to what he called an "omnistic" philosophy, a combination of immediate pessimism and ultimate optimism. Beard evidently got his message across.

Henry M. Lyman, in a review of American Nervousness in The Dial, interpreted Beard for the general public. Lyman noted Beard's emphasis on the fact that steam-power, electricity, and other factors of modern civilization multiplied

faster than the human increase in grasping and corollating them. This explained the excessive and inappropriate use of the brain and the nervous system. For centuries life had gone on at a steady pace. Mankind got used to this leisurely style of life and had understandable difficulty making the transition to the hectic nature of industrial civilization. Lyman explained that the increase and severity of nervous diseases resulted from the industrial revolution, and he noted Beard's rejection of a pessimistic approach to the problem. The plasticity of the human equalled every emergency. This was particularly true of Anglo-Saxons, the highest and most adaptable members of the human race. The lesson of evolution was one of optimism. The first result of the increased demand for intellect was a generation of beings who had nervous organizations developed beyond due proportion. This, according to Beard, was the story of the present day and explained the extraordinary nervousness of the American people. The superiority of Anglo-Saxon adaptability promised to neutralize this problem in the future. The unique ability of Americans to adapt meant that each generation would be better able to endure the hardships of modern life. Eventually the human nervous system would be as complex and sophisticated as its immediate surroundings. Lyman adopted Beard's optimistic vision of the future in arguing that this view of American superiority meant that this nation would boast the highest and most perfect type of humanity in the world.[44]

Beard's position was not unique, though he may have been the only one to define his terms. The majority of physicians committed to mental therapeutics shared his belief that, while the profession's present state of knowledge was inadequate, the future of medicine was bright. These physicians viewed the psychical treatment as yet another illustration that the medical profession was conscientiously fulfilling its role as the defender of American health and morality.

CHAPTER IV

FOOTNOTES

[1]A. W. Forbush, M. D., "Cause and Care of Nervous Affections," Massachusetts Medical Journal, 18 (1898), 103.

[2]T. W. Fisher, M. D., "Neurasthenia," Boston Medical and Surgical Journal, 86 (1872), 72.

[3]Charles L. Dana, M. D., "The Passing of the Reflex: An Address on the Reflex Origin of Nervous Diseases," Post-Graduate (New York), 11 (1896), 417-418. Dana said that he had no intention of impugning the integrity of those who continued to emphasize the role of the reflex in human behavior but that it was his opinion that the laws of evolution proved that the reflex was less important with the passage of time. Despite his claim to the contrary, the overall tone of Dana's article was one of derision toward advocates of localism.

[4]Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick: Rutgers University Press, 1964), 26.

[5]M. L. Holbrook, M. D., Hygiene of the Brain and the Cure of Nervousness (New York: M. L. Holbrook & Co., 1878),

54.

[6]John Chynoweth Burnham, Psychoanalysis and American Medicine: 1894-1918; Medicine, Science, and Culture, Vol. 4, no. 4, monograph 20 of Psychological Issues (New York: International Universities, Inc., 1967), 64.

[7]Richard Harrison Shryock, Medicine in America: Historical Essays (Baltimore: The Johns Hopkins Press, 1966), 85, 312.

[8]William Goodell, M. D., "The Relation of Neurasthenia to Diseases of the Womb," Transactions of the American Gynecological Association (Various Places), 3 (1879), 29-30.

[9]I. N. Love, M. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 521.

[10]C. H. Hughes, M. D., "Neuratrophia, Neurasthenia, and Neuriatria," Alienist and Neurologist (St. Louis), 15 (1894), 212.

[11]John A. Hale, M. D., "Neurasthenia," Medical Review (St. Louis), 35 (1897), 92.

[12]J. F. Barbour, M. D., "Neurasthenia," American Practitioner and News (Louisville), 21 (1896), 42.

[13]James J. Putnam, M. D., "Neurasthenia," in A System of Practical Medicine by American Authors, edited by Alfred Lee Loomis, M. D., and William Gilman Thompson, M. D., Vol. 4 (New York: Lea Brothers, 1898), 550.

[14]William Goodell, M. D., "The Relation of Neurasthenia

to Diseases of the Womb," Transactions of the American Gynecological Association (Various Places), 3 (1879), 40.

[15]George M. Beard, M. D., "Mental Therapeutics," Transactions of the American Neurological Association (New York), 1878, 581.

[16]J. S. Weatherly, M. D., "Woman: Her Rights and Her Wrongs," Transactions of the Medical Association of the State of Alabama, 1872, 74-75.

[17]A. D. Rockwell, M. D., "Some Causes and Characteristics of Neurasthenia," New York Medical Journal, 58 (1893), 589.

[18]Joseph F. Edwards, M. D., "The Nervous System in Disease: A Plea For Greater Recognition of the All-Pervading Influence of the Nervous System Upon Disease in General," Annals of Hygiene (Philadelphia), 12 (1897), 213.

[19]Moses T. Runnels, M. D., "Physical Degeneracy of American Women," Medical Era (Chicago), 3 (1886), 299.

[20]Curran Pope, M. D., "The Value of Certain Therapeutics in Functional and Organic Nervous Diseases," Atlanta Medical and Surgical Journal, 13 (1896-7), 742.

[21] W. F. Robinson, M. D., "The Electrical Treatment of Certain Phases of Neurasthenia," Journal of Nervous and Mental Disease (Baltimore), 20 (1893), 38.

[22]B. C. Loveland, M. D., "Some General Considerations in the Treatment of Hysteria and Neurasthenia," Medicine (Detroit), 6 (1900), 796.

[23]John D. Quackenbos, M. D., "Causes and Recent Treatment of Neurasthenia," Atlantic Medical Weekly (Providence), 8 (1897), 23.

[24]A. W. Forbush, M. D., "Cause and Care of Nervous Affections," Massachusetts Medical Journal, 18 (1898), 103.

[25]S. Weir Mitchell, M. D., Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria, 3rd ed. (Philadelphia: J. B. Lippincott & Co., 1884), 157.

[26]Joseph Collins, M. D., "The Etiology and Treatment of Neurasthenia. An Analysis of Three Hundred and Thirty-Three Cases," Medical Record (New York), 55 (1899), 429.

[27]This was one of the basic complaints of somaticists regarding the unscientific and unreliable nature of psychical treatments.

[28]Ibid., 416.

[29]Curran Pope, M. D., "The Value of Certain Therapeutics in Functional and Organic Nervous Diseases," Atlanta Medical and Surgical Journal, 13 (1896-7), 743. Somaticists were correct in believing that there was a close relationship between psychical therapeutics and charlatanry. Anyone with enough money could purchase the necessary appliances and go into practice as a mental therapist. It was not easy during this period for the patient to distinguish between competent and incompetent practitioners.

[30]W. F. Robinson, M. D., "The Electrical Treatment of

Certain Phases of Neurasthenia," Journal of Nervous and Mental Disease (Baltimore), 20 (1893), 35.

[31]Philip Zenner, M. D., "Neurasthenia," Cincinnati Lancet-Clinic, 40 (1898), 649.

[32]Holbrook, Hygiene of the Brain, 117, 190.

[33]John S. Haller, Jr., "Neurasthenia: Medical Profession and Urban 'Blahs,'" New York State Journal of Medicine, 120 (1970), 2491.

[34]W. F. Hart, M. D., "Neurasthenia," Transactions of the Maine Medical Association, 1895, 163.

[35]Alice B. Stockham, Tokology: A Book For Every Woman (New York: R. F. Fenno and Co., 1893), 287.

[36]S. Weir Mitchell, M. D., Fat and Blood, 12, and Doctor and Patient (Philadelphia: J. B. Lippincott & Co., 1887), 24.

[37]C. L. Dana, M. D., "On the Pathology and Treatment of Certain Forms of Nerve-Weakness," Medical Record (New York), 24 (1883), 62.

[38]Wm. F. Milroy, M. D., "Neurasthenia Treated by the Keeley Method--A Case," Omaha Clinic, 4 (1891), 206-219.

[39]Jamin Strong, M. D., "The Neurotic Proclivity, or Modern Tendency to Nervous Affections," Cleveland Medical Gazette, 7 (1892), 220.

[40]W. F. Hart, M. D., "Neurasthenia," Transactions of the Maine Medical Association, 1895, 161.

[41]Dain, Concepts of Insanity, 17.

[42]Donald Meyer, The Positive Thinkers: A Study of the American Quest For Health, Wealth and Personal Power From Mary Baker Eddy to Norman Vincent Peale (Garden City: Doubleday & Company, Inc., 1965), 26.

[43]George M. Beard, M. D., American Nervousness: Its Causes and Consequences (New York: G. P. Putnam's Sons, 1881).

[44]Henry M. Lyman, "Nervous Disorders in America," Dial, 2 (1881), 82.

CHAPTER V

THE MEN AND WOMEN OF A TROUBLED ERA

While most people in the Gilded Age equated change with progress, there was an underlying fear that the conditions of urban life threatened the future greatness of the American people. The unique character of the United States, many observers believed, resulted from the frontier experience and the values common to an agricultural society. Now all that was changing. The city was becoming the central feature of American life. The impersonality and heterogeneity of the urban environment was a far cry from the alleged conviviality and homogeneity of rural communities. It was not surprising that many thoughtful Americans were ambivalent about the emerging industrial order. It created new avenues of wealth and power, yet posed problems for individuals and for society as a whole. The growing emphasis on materialistic values diminished the importance of spiritual forces in American society. New scientific discoveries and the ascendance of Darwinian thought contributed to the secular drift.

The American medical profession shared the same hopes and fears as the rest of the public during these decades of

rapid change. It benefitted from secularization and the prestige of scientific pursuits yet was ambivalent about the future of the Republic. Physicians feared that the unhealthy conditions of urban life might offset the advances in therapeutics resulting from technological breakthroughs. They were especially concerned with the health problems of the middle class. The logistics of economic organizations made these brain-workers predominantly urban dwellers. According to medical authorities, they would suffer most from the diseases peculiar to the urban environment, especially neurasthenia. Nowhere was the ambivalence of medical thought clearer than in its approach to the problem of neurasthenia. The medical literature on neurasthenia was an accurate indicator of the profession's response to industrialism.

II

Medical developments could not equal the rate of social change from 1870 to 1900, especially since the profession still suffered from a shortage of accredited training institutions and continued to be rather cautious in the face of new findings.[1] Shortcomings in medical knowledge forced physicians to rely upon a priori judgments and common sense. Individual physicians often used a "pick and choose" approach in these situations. This was not a random process. Certain choices appealed more to the physician than

others. This was particularly true in cases of neurasthenia. Since neurasthenia was a recent development, the distance between theory and practice was often very great. Physicians had few points of reference but recognized the necessity of dealing with the problem in a professional and convincing manner. They believed that only the calm and judicious bearing of the physician stood between the neurasthenic and insanity. This necessitated a quick and correct diagnosis.

The etiological uncertainties of these years placed the physician in an awkward position. He faced the immediate problem of neurasthenia without a reliable therapeutic guide. The most common response to this dilemma was to forge ahead. Physicians seldom let ignorance stand in the way of making a diagnosis, and they "picked and chose" among existing theories. This process revealed the contours of the medical mind in the late nineteenth century. The choices physicians made showed that medicine was an essentially conservative profession that shared many beliefs with majority social thought. This sharing was evident in the use of mixed metaphors in medical literature. Since existing etiological knowledge seemed to underscore the unity between medical and moral truths, physicians used medical, social and economic laws with complete interchangeability.[2] Philosopher-physicians were as much purveyors of conventional wisdom as they were objective transmitters of medical fact.[3]

III

A good example of the symbiotic relationship between medicine and social thought was the widespread belief that health and morality were synonymous. This belief accounted for the profession's intense concern with character development. The profession thought that the continued greatness of American society depended upon the perpetuation of desirable personality traits. Physicians, along with many other observers, recognized that modern civilization often meant the perversion of nature to utilitarian ends rather than the adaptation of the human organism to the truths of natural laws.[4] They also recognized that social life was not founded on morality. As one social critic argued, society was built upon industrial institutions that emphasized financial standing over virtue.[5] This had the unhappy effect, according to one physician, of turning men into machines whose internal friction would soon wear them out.[6] The awareness that modern ambitions and hygienic laws were often at odds was the basis of the profession's conservative critique of society. S. Weir Mitchell's hope for the future illustrated the profession's concern with American ethics. Mitchell recognized that businessmen neglected their health to make money, but he urged them to make their sons heirs to more than gold. It was more important for parents to leave their children with good bodies and minds than full

pockets. He blended energy theory and hereditarian thought in arguing that businessmen had a patriotic duty to endow the youth of the nation with strength of nerves. This was the only way to make the "Dollar Devil" a servant and not a tyrant.[7]

The changing nature of economic realities had a strong impact on the individuals and institutions that physicians counted upon to teach self-control and will power. Whether consciously or unconsciously,[8] the medical profession's discussions of this impact paid homage to the increasing emphasis upon economic terms like supply and demand and bankruptcy. Medical literature also stressed the importance of organic laws of social growth. The profession maintained that the elaboration of nervous structure was a result of evolution, much like the increasing complexity of society. This was an expression of the belief that biological and societal states were correlative.[9] Physicians relied upon this theory in drawing analogies between individual and social behavior, which hereditarian thought reinforced. Economic language, organic laws, and hereditarian thought all figured into the dialogue on character development. This dialogue concentrated upon popular theories of nervous energy and the role of the family in a transitional age. Within the discussion of the family came the profession's analysis of the relationship between the sexes and the proper role of the woman in an urban environment. The litera-

ture concerning these themes made the normative nature of medical thought quite apparent.

Theories of nervous energy played an important role in debates concerning proper behavior. Central to this debate was the metaphor of saving. Saving was better than spending, and investment was the key to growth. This was true of both individuals and societies. The medical profession believed that the careful husbandry of energy was a prerequisite to good health. Since each individual had only so much nerve force, recklessness was to be avoided.[10] Ignorance of this law accounted for a large percentage of the cases of neurasthenia and nervous prostration. This belief was basic to the profession's critique of modern society.

There was an obvious relationship between medical theories of nervous energy and the conditions of the American economy during these years, which the metaphor of saving best illustrated. Frugality led to individual prosperity, and it was equally true that it led to social prosperity. Self-denial and deferred gratification were the keys to both individual health and social progress. Since neither the individual nor the society had unlimited resources, each had to make do with what it had.[11] Energy theories and economic thought reinforced each other on this point. Both accepted the inexorable law of supply and demand and recognized that accumulation needed to exceed expenditure. Individuals

had a balance of payments just like nations and encountered the same problems when expenditures consistently outran savings. The resulting imbalances created a situation of bankruptcy. Solvency depended upon control and wise investment. Control was the key to a healthy personality and the guarantor of social growth. This mercantilist assumption explained the emphasis on saving and the fears of nervous bankruptcy.

Combined with the prevalence of laissez-faire thinking and the acceptance of the natural laws of economics, mercantilist thought was well-suited to this era of economic pre-abundance. This explained the medical profession's concern with character traits that converted to hard cash in the marketplace. The suppression of irregular behavior went hand-in-hand with the development of industry and commerce.[12] This and the internalization of competition that resulted from the organizational nature of new business strucures placed a heavy burden on the individual's shoulders.[13] They simply could not afford to waste energy. They had to use their resources wisely and in a way calculated to bring gain. Fixed energy theories did not go out of vogue until Americans abandoned the assumptions of pre-abundance. The environmentalism and optimism of the Progressive period replaced the hereditarianism and pessimism of the Gilded Age.[14]

Physicians in the late nineteenth-century championed the will and rationality at the expense of other personality

factors during the critical years of capitalistic growth.[15] The medical profession believed in the necessity of suppressing the emotions and took a dim view of spontaneity. The duty of life was work, and guilt accompanied any attempt to escape this duty. The rigidity of this ethic accounted for the virtually compulsive economic behavior of the American middle class during these years. Rigidity was an understandable response to the insecurity and fluidity of the contemporary economic situation. There was no necessary relationship between work habits and economic need. Men continued to work long hours after they gained economic security. The demands of their consciences drove them on despite material success. The frantic nature of this outward activity often kept these individuals from confronting inward emptiness.[16] This was the individual expression of American society's tendency to value quantity over quality. This tendency became even more marked during these years of rapid growth and fantastic wealth. People measured each other according to holdings and aspired to wealth, not satisfied with mere comfort. A popular journal called this the ethic of activity. The sum of modern ethics, according to the editor, was to do. While it was better to do good than to do evil, it was certainly more acceptable to do evil rather than to do nothing at all.[17] This ethic of activity was a popular expression of the appeal of work and material success as the main aims of life.

IV

Physicians paid special attention to some character traits. The ones they emphasized indicated both the beliefs and biases of the profession. The profession's choices also revealed the very clear distinctions that physicians made between proper male and female behavior. As far as the medical profession was concerned, the Gilded Age was a man's world. While men could find fulfillment in any number of acceptable ways, women had only the satisfactions of childbirth, the vanities of personal appearance, and housekeeping.

Doctors and social critics continued to talk about the blessings of "true womanhood,"[18] but all around them new conditions promised to alter woman's role in society. Increasing numbers of American women worked for a living. Because they were economically independent, these women put off matrimonial considerations until marriage would improve their situation. Few rejected the notion that woman's place was ultimately in the home. Although some radical critics argued for woman's active participation in the affairs of state, most Americans wanted to maintain the separation of the home and the outside world. Most women criticized "bloomerism" and believed that new methods of home-making and increased hygienic knowledge provided added dimensions to the housewife's role. The emphasis placed upon the family as the foundation of the social order, combined with the

belief that women were the spiritual leaders of these families, convinced most women that they faced sufficient challenges without venturing into the outside world. Those who did go forth often met with ridicule. They were either "manly" radicals or mentally unbalanced. While many saw that woman's role was changing, the conservative majority saw this taking place within the home. During these years of rapid expansion and growing uncertainty, the inculcation of right-thinking in America's children was even more important than before. The challenge to women was clear. They had to provide America with children of purpose and strong moral fiber.

The fact that some women entered the marketplace caused many to express doubts about the future of society. One of the most important results of this change in woman's economic situation was the escalation of fears of race suicide. Physicians believed that middle class women were not capable of working and still having enough strength to bear children. This was not the case with lower class women who displayed an incredible ability to combine work with procreation. Lower class women did not have the sensitivity and morality of their betters. Their robustness was a sign of inferiority which excited great fears in the medical community. Physicians were worried that native stock would disappear if the existing trend continued. This was one reason physicians insisted that women stay in the home. They used this same reasoning in opposing higher education for women.

Study simply excited the female system and was incompatible with physical well-being. George M. Beard was one of those who believed firmly that respectable women had nervous systems of extreme delicacy. It took very little, according to Beard, to bring on a severe case of nervous prostration. Beard believed that the weakness of women was modern and pre-eminently American. It explained the prevalence of neurasthenia in female circles. Beard cited the increase in nervousness as proof that civilization was becoming antagonistic to women of refinement. He joined those who urged parents to impress upon their daughters the need to prepare for a suitable marriage.[19] This duty, according to Beard and a majority of the medical profession, was far more important than getting an education[20] or entering the economy.

The profession opposed a new role for women even though changing economic conditions made it possible for women to assume a position outside the home.[21] Technological innovations like the typewriter and the bureaucratic demand for secretarial skills meant increasing opportunities for female employment. These jobs did not pay well, but they did exist. The medical profession added its prestige to the movement to keep women in the home. One of the best statements of this position came from a female physician. Frances White argued that only nature placed limitations upon women. They should not try to compete directly with men. Women had had little influence in the development of the great in-

dustries of life such as mining, engineering, manufacturing, and commerce.[22] Women, according to Dr. White, should not try to compete with men. They should develop a higher character of womanhood through the selection and extension of those traits peculiar to their own sex.[23]

Physicians defined as normal those women who accepted this circumscribed role. The middle class work ethic, from this perspective, was for men only. Doctors associated the suppression of irrationality and irregularity and the accompanying reticence in emotional matters with male behavior. Certain biological peculiarities made it impossible for women to conform to such a demanding style of life. The competition of the marketplace was bound to cause problems to delicate female participants. Even liberal physicians and social critics made allowances for female peculiarities. These people were willing to let women out of the home, but only to engage in altruistic activities that would expand their spirituality for the good of society.[24]

The medical profession believed that women were everything men were not. This was why they opposed women who left the home. If women worked alongside men, doctors warned, all social standards would crumble. This reiterated fantasy revealed how vulnerable the male identity was. The fear was that a challenge from a different group (women, immigrants, blacks) meant that they wanted to replace you and to remove any claim to distinctiveness.[25] This fear indicated how

rigid gender descriptions were. It explained why physicians used radical surgery to unsex females who violated the norm of sexlessness. The medical profession pictured women as emotional, selfish, and prone to illness. Physicians tolerated a level of emotionalism in women they never accepted in men, perhaps because it convinced them that women were indeed different from men.

While they urged women to adhere to the rules of good taste and avoid emotional outbursts, physicians seldom expected women to succeed in this regard. S. Weir Mitchell was one of those who believed that women should at least try to control their emotions. He thought that emotional excesses led to a loss of self-rule and an enfeeblement of endurance. Mitchell believed that women who subdued their emotions robbed them of the ability to cause harm.[26] Doctors admired women who controlled their emotions, yet many believed that these exceptional women paid a high price. George Beard argued that emotional restraint was often a major cause of neurasthenia. It was too exhausting for women, Beard maintained, to keep themselves from laughing and crying in public.[27] He joined those who questioned whether modern habits of repression, which increased with the civilization and fashion of Anglo-Saxon peoples, were advisable for women. Since women were naturally prone to hysterics and fits, these physicians reasoned, perhaps it would be better to allow them to scream and carry on rather than

watch them succumb to nervousness for the sake of propriety.[28] Critics of propriety held the same view of women as those who regarded reticence as a sign of breeding and control. Both assumed that women were naturally emotional; they differed over how to deal with this emotionality. They agreed that women were not capable of the control needed to work in the world.

This theory of female duty revealed the insecurities of the masculine ego during these trying times. Men had enough trouble keeping up with the changes in American life without worrying about female competition. Keeping women in their place was one way of lessening the complications. The literature on neurasthenia revealed the profession's deep-seated suspicion of women who were sick. It also unwittingly exposed some of the inconsistencies in the medical mind pertaining to gender roles. Since the profession spoke from a largely male perspective, neurasthenic literature served as an accurate barometer of masculine fears and insecurities.

The medical profession's critique of female neurasthenia was based on the belief that unnatural behavior created illness. Though presented as a result of scientific findings, this belief was often normative and biased. The profession viewed any attempt to leave the home as a sign of female rebellion. Physicians not only had a narrow view of the woman's role, but they also concerned themselves with only

a certain class of women. Neurasthenic specialists believed that it was more desirable to treat the sick women of the middle class than those of the lower class.[29] Not only was it more fashionable to treat these women, but the money was better. Middle class husbands could buy their wives the best medical services. It was a sign of prestige to be able to support a delicate wife. And the woman's sickliness served as further proof to the male of his sex's superiority. It was a mark of distinction to have a wife of leisure who suffered from all sorts of minor aches and pains. The women was thus refined and sensitive, and her husband an adequate provider. This reinforced the male ego at a critical time.

While it was prestigious to have a sickly wife, it was undesirable to have an incapacitated one. A bed-ridden women caused too much trouble in a household. The distinction between sickly and incapacitated was just one more example of the unresolved nature of the medical mind. It was a corollary to the either-or school of interpreting symptoms[30] and held that while it was acceptable for a woman to be sick, it was not acceptable for her to be incapacitated. Being sick was proof of refinement, but being too sick betrayed an unconscionable narcissism. The medical profession was the final arbiter in this and related judgments. This created a situation where the medical profession defined women as naturally ill. They discussed female patients in terms

of limitations not potentialities. This negative conception of the female existed alongside the belief that in many ways women were superior to men. But woman's superiority stemmed from her biological inferiority. For women to remain superior in the areas peculiar to their sex, physicians argued, they had to remain in the home.

Only a limited number of Americans had the financial ability to support a woman in the style these physicians advocated. Economic realities made it necessary for many women to work. This was obviously the case among the lower class, and the fact that it was true made it very clear that physicians were not addressing their remarks to these people. Lower class individuals aspired to a life of leisure and respectability. Though often failing to achieve their goals, they retained their aspirations, as the widespread acceptance of middle class values among those groups least likely to escape the bottom rungs of society revealed. This testified to the persistence of the traditional belief that in America anything was possible. Many of these people were first generation immigrants who, though living amidst squalor and privation, were frequently better off than in the old country. There were enough living embodiments of the Horatio Alger rags-to-riches story to hold out the promise of eventual success to even the common day laborer. The belief in progress convinced many that at the very least things would be better for their children. The persistence of this men-

tality explained the relative absence of bitterness that the lower classes directed at those in more fortunate circumstances. It was a good explanation of the lack of political radicalism during this period.[31]

The middle class did not return the favor. It seemed that part of the proof of middle class membership was an unsympathetic attitude toward those less fortunate. This lack of sympathy was not simply the result of outright callousness. There was an obvious psychological mechanism at work. In a period when class standards were particularly liable,[32] those in the middle class wanted to put as much distance as possible between themselves and those in the lower classes. Combined with this mechanism was the prevailing belief that health, wealth, and morality were inseparable. Violations of the natural laws that pertained to one necessarily affected the others. This was the logic behind the belief that poverty, filth, and immorality went together. The poor, according to this thinking, got what was coming to them. This belief played an important part in the decline of the middle class conscience and reflected the ascendance of materialistic values in American society. As success was a sign of morality and hard work, poverty was a sign of immorality and laziness. The middle class believed that effort created reward and that personal weakness was the only explanation for failure.

The medical profession shared the major preoccupations

of the middle class in Victorian America. Although it struck a pose of scientific objectivity, etiological uncertainty combined with a distinct social bias to reveal the normative content of medical thought. Sharing the same assumptions as the urban middle class, physicians spent a great deal of time and effort trying to blend medical and social beliefs into a coherent ideology. Physicians argued that the same rationality and frugality that led to economic success were essential to good health. Regularity and deferred gratification were as important in medicine as in social life. Violations of the natural laws of hygiene led to a physical and mental bankruptcy that was a dangerous as any violation of the natural laws of economics.

The interrelationship of social, medical, and economic laws figured importantly in the profession's discussions of neurasthenia. The profession recognized the necessity of explaining why neurasthenia was so widespread among those groups most committed to orthodox morality. Many in the middle class wanted to know why success brought illness as well as reward. The medical profession had to use every theory at its disposal to account for this phenomenon.[33]

The belief that the illnesses of the middle class were qualitatively different from the ones common to lower class life was at the center of the medical profession's vision of society. A key part of this idea was the theory that mental labor was qualitatively different from manual

labor. This theory stemmed from evolutionary principles and revealed the profession's concern with the health of urban brain-workers. Physicians pointed to the prevalence of neurasthenia among brain-working urban dwellers as proof that success and illness often went hand-in-hand. The prolonged intensity of professional work was a common cause of mental derangements. It was no easy job to achieve success in the hectic world of modern business. A man had to work long hours and constantly stay atop market conditions. In addition, many brain-workers smoked, drank, and ate too much. These excesses compounded the problem and, combined with the unwholesome environment of downtown areas, accounted for the common complaints of weakness, indigestion, and vague fears. These self-made men of the Gilded Age made the physician their confessor. Only in the privacy of a medical consultation did these "agents of progress" express their doubts and expose their ailments.[34]

Physicians were sympathetic in these man-to-man dialogues and tried to convince brain-workers that their ailments were a sign of strength and not weakness. The profession argued that only highly intelligent individuals suffered from neurasthenia. It was far better, doctors claimed, to be a neurasthenic than to shirk the responsibilities of making a living. If neurasthenics erred, at least they erred on the side of hard work. Physicians maintained that evolutionary law clearly indicated that mental labor was more exhausting

than manual labor. This was the basis of the common belief that owners of businesses and those in positions of responsibility suffered more strain than their employees. An editorial in The Ladies' Home Journal declared that worry could kill where work could only tire.[35] According to evolutionary theory, doctors said, the brain was a recent development in time. Mental labor was thus a higher form of endeavor, but the brain was also highly susceptible to degeneracy. The relevant part of degeneracy theory held that the most recent products of evolution were the first to show the signs of excess or disease.[36] Physicians used this theory to argue that mental labor was geometrically more exhaustive than manual labor. This explained why neurasthenia was seldom found in the lower classes. Since these people did not have sufficient neural sophistication to contract nervous diseases, they suffered from more elemental diseases that attacked the muscular system.[37] Since their excessive muscular development held their emotional centers to a safe level, they did not suffer from the ambition, avarice, and anxiety of those in higher walks of life.[38] Manual laborers at least knew enough, physicians said, to rest when they were tired. It was only among the brain-working population that neurasthenia was a problem. Neurasthenia was a sophisticated ailment that chose only sophisticated victims. Its habitat was Fifth Avenue and not the Five Points. Neurasthenia came to those who overtaxed themselves with the complications and

responsibilities of civilization, and these burdens fell largely upon the higher strata of the middle class.[39] It was among the more cultivated and not the more rugged that the strains of modern society were at work making Americans the least resisting and most nervous people on earth.[40] Neurasthenics were a special breed. They produced social progress at the risk of individual illness. Physicians applauded this sacrifical aspect of middle class behavior, but tempered praise with concern over the epidemic proportions of the neurasthenia problem. This was another example of the profession's ambivalence regarding the relationship between progress and disease.[41]

A vocal minority within the profession objected to the distinction between neurasthenics and the rest of society. Some physicians even disputed the claim that nervousness was predominantly an American disease. Robert T. Edes, in an article on New England invalidism, argued that the problem was as serious in Munich as it was in the United States. Neurasthenia, according to Edes, thrived in any industrial nation.[42] Physicians opposed to the class distinctions of neurasthenia believed that the profession was being too casual in its approach to the health problems of the lower class. The poor also suffered due to the unhygienic surroundings and want of proper nourishment that accompanied their poverty.[43] These physicians denied that there were qualitative neural distinctions between people in various walks of life.

Social strata made no difference in the frequency of Beard's disease. Neurasthenia attacked both rich and poor. The well-to-do neurasthenic, especially one who had an inkling of the ailment from reading on the subject, was apt to apply to a neurologist for relief. The poor had to be satisfied with the diagnosis of biliousness, dyspepsia, or catarrh. The lower class neurasthenic had to worry through his collapses with the aid of nothing but quinine and calomel.[44] These physicians recognized that the patient's social and financial state offered an insurmountable obstacle to effective diagnosis and treatment. It was difficult to devise a plan of treatment to replace the nutritional imbalances of poor people. S. Weir Mitchell realized this when he said that the treatment for neurasthenia was expensive, lengthy, and not fit for hospital wards.[45] This was just another reason why treatment of neurasthenia among the poor remained woefully inadequate.[46] Doctors could not very well change the dietary habits of the poor. Nor could they advise these patients to take up horseback riding, visit the seaside, or voyage to the West Indies.[47] The cost factor, combined with the unwillingness of many physicians to treat the poor, accounted for the theory that neurasthenia was not a lower class problem.

The overwhelming majority of the medical profession believed that the brain-working population was the highest and most adaptable portion of American society. Middle class

people had the good fortune to suffer from neurasthenia, a conservative ailment that actually contributed to longevity since it served as a warning that all was not well.[49] This account of differential life expectancies overlooked some of the basic inequities in American life. It revealed the social views of the profession and was but one illustration of the qualitative distinctions physicians made between lower and middle class ailments.

V

While it might bring discomfort, neurasthenia was a relatively congenial disease. Although it was thought to be a forerunner of more serious diseases like insanity, early detection of the ailment usually guaranteed ultimate recovery, though this might take years. This was one reason the medical profession referred to neurasthenia as a conservative neurosis. It made individuals pay a price for transgressing hygienic laws, but the price was small. Some neurasthenics never fully recovered, but even this was a blessing in disguise since the minor inconveniences of the ailment served as daily reminders against habitual wrongdoing. Physicians believed that neurasthenia stood between the individual and more serious diseases. Its correct management led to long life.

The argument that neurasthenia was a factor in longevity revealed another aspect of the medical profession's

social prejudices. Physicians who treated neurasthenics had very limited contacts with the lower classes. Since the high fees they received from these patients made it unnecessary to treat a large number of people, they shunned some of the less lucrative and more burdensome positions within the profession. They could afford to specialize in nervous disorders and avoid the lower class altogether. This lack of sympathy with the disadvantaged was one of the factors that led to the decline of the dispensary system.[50] Laissez-faïre thought and hereditarian fatalism contributed to the profession's unsympathetic attitude toward the poor.[51] The lack of contact with the lower class reinforced the belief that neurasthenia was not a serious problem among the poor.

Early detection was the key to successful treatment. Those people who could afford quality health care were most likely to receive an early warning. Middle class people could afford to call in the family physician frequently and at the least sign of trouble. This increased the chances of early detection and usually meant that the disease would then follow a predictable course. Quite the contrary was true in the lower class. The deterioration of dispensary care was one problem. Another was the fact that individuals who spent their entire incomes on necessities viewed medical expenses as luxuries. When these people finally resorted to medical aid it was often too late. A simple disease had become a terminal illness. Since so many poor people sought medical

help only as a last resort, it was not surprising that most physicians never saw a case of neurasthenia in the lower classes. Some physicians viewed this apparent irresponsibility as proof that lower class individuals did not even respect themselves enough to take care of their health.

Neurasthenic specialists had a fairly selective clientele, composed primarily of members of the urban middle class. These physicians were sympathetic to these individuals and wanted to preserve their health and ease their anxieties. Since it was quite common for these specialists to treat only a limited number of neurasthenics, they frequently became intimate with these people and developed close relationships with their families. One result of this was that family physicians were drawn into the drama of family life. This increased the physician's importance, but it also complicated the doctor-patient relationship. This was particularly important during this period because certain features of industrial society subjected the family to intense strain.

VI

The medical profession believed that the nuclear family was the most important character-building institution in American society. The basis of this belief was the idea that habits formed in early childhood determined adult character. Schools were assuming an ever-increasing influence over childrens' lives, but the medical community regarded parents as

the major agents of socialization. Physicians urged parents to take their responsibilities seriously. Since the family was a microcosm of society as a whole, nothing less than the future of the Republic depended upon America's parents. This was quite a burden to shoulder, especially during these decades of rapid change. Parents needed help to fulfill their obligation to society. Many believed that they simply could not keep up with the changes taking place. Physicians were perceptive enough to realize that the family structure was under great stress and did all they could to preserve its stability and integrity. In a flood of pamphlets and monographs, doctors expressed their opinions on all aspects of family life.

Seldom was the role of the parent so problematic. Even the basic purpose of marriage, the creation of offspring, took on a different meaning in the city. Children were no longer economic assets as they had been on the farm. Combined with the fact that middle class professionals usually married only after long years of training, the economic liabilities of large families led to a constant decline in the birthrate. Another reason for having fewer children stemmed from the middle class perception that poverty and large families went together. Poor people were unable to control their sexual appetites and had more children than they could support. This prevented them from sharing in the benefits of a better standard of living. The middle class was determined not to

make this same mistake. One way to set themselves apart from lower class vulgarity was to have small families. Not only was this economically sound, but middle class members believed that a small family was tangible proof of self-control and their ability to practice deferred gratification. They would enjoy respectability while their children would enjoy the benefits of wealth.

Physicians counted upon America's parents to teach children to internalize the tenets of orthodox morality. Children had to learn at an early age the values of hard work, thrift, and self-control. S. Weir Mitchell advised parents not to relax their discipline even when the child was sick. Minor lapses led to major deviations and were to be avoided.[52] Physicians thought that their role was a broad one. They had to teach parents how necessary it was for children to inculcate habits of obedience and self-repression. They must eradicate egotism and selfishness, restrain their temper and capriciousness, and develop moral courage and physical and mental self-confidence. This amalgam of ideas boiled down to the belief that bad instincts had to be thwarted and good ones encouraged.[53] Once parents taught children these lessons their responsibility was over. They could only hope that their children would develop the necessary internal mechanisms of restraint. This generation viewed children as small adults and insisted that they assume

responsibilities early. Even the smallest deviation from the established code of conduct met severe penalties. Strict discipline was the order of the day. Parents greeted early manifestations of conscience with approval. Parents considered childrens' early confessions of guilt as proof that they had done their jobs well. The guilty children had internalized the tenets of morality systematically enough to use their consciences for self-policing. Physicians and parents counted upon this mechanism to tame the recalcitrant sexual instinct. Elders viewed masturbation as the surest sign that the process of internalization was incomplete. The offending child was not sufficiently impressed with the wasteful and foolhardy nature of the offense. The act represented a rebellion against the very foundations of morality and consequently met with severe punishment.[54]

Physicians traced the widespread practice of masturbation to the fact that servants were a part of middle class reality. Middle class Victorians wanted children to be seen and not heard. These families relied upon domestics and nursemaids to perform menial household tasks and to help rear children.[55] It was a sign of prestige to be able to afford this luxury, but the medical profession had mixed feelings about making servants repositories of infant care. Doctors recognized that the middle class felt it could not do without maids, but did not trust servants.[56] Physicians warned that domestics were untrustworthy and frequently the

source of moral contagion. The lack of discipline and the general licentiousness of the lower class would infect the children of the middle class. Servants would give children a premature knowledge of sexuality. This fear was the basis of the medical claim that the epidemic of self-pollution originated in the lower class. Bringing these people into respectable homes was dangerous enough, medical men argued, but giving them virtually unlimited access to children only increased the possibilities of moral infection. It was asking too much of these individuals to expect them not to take advantage of the situation. The medical profession's fear of the intrusion of lower class sexuality into respectable homes stemmed from an unwillingness to confront the fact that sexuality was a central feature of family dynamics. The projection of animalistic qualities onto the lower classes was the medical profession's way of ignoring the animalistic side of Victorian respectability.[57]

The perception of the lower classes as animalistic and dangerous was obviously distorted. There was often as much morality in lower class families as in the most respectable social circles. The psychological process of projection was at least partially responsible for this distorted vision. Fearing its own animalism and immorality, the middle class projected these qualities onto the poor, blacks, and immigrants. Unwilling to admit that they had difficulty taming their instincts, the middle class viewed

lower class life as one of brutality, filth, and immorality. This was one reason why middle class males who took sexual advantage of servant girls felt that they had done no harm. Since the poor were all body (manual as opposed to mental), they suffered no mental anguish when they violated the laws of morality. Middle class males viewed working girls as objects of exploitation. It was like going back to a state of nature where no sense of right or wrong existed. This situation was one example of the fact that deviance from orthodox morality was common and that opportunity was present. Projection was an attempt to deny that there was a significant difference between the ideality and the reality of middle class respectability.[58]

The denial of the other side of Victorian life was clearly related to the dominant psychology of the Gilded Age. The medical profession, like Victorian culture as a whole, subscribed to a compartmentalized view of human psychology. The self-righteousness of the American middle class and the rigidity of the ethic of respectability were products of this psychology of compartmentalization. This psychology posited a definite hierarchy of character traits. Desirable traits received the designation of good and undesirable traits the designation of bad. This terminology had a definite valuative connotation and coincided with the Victorian emphasis on the mind-body dichotomy and with the prevailing theories of brain localization. Mental qualities were higher

than physical qualities, and desirable faculties were situated higher in the brain than undesirable faculties. The heavy emphasis that the ethic of respectability placed upon inner mechanisms of restraint rested upon the belief that a properly disciplined will was capable of controlling the lower passions. The medical profession consistently referred to the power of self-restraint and the elevating nature of the conscience. Seldom did anyone define these terms with logical consistency. They served as a convenient polemical umbrella when the discussion centered on psychology. Physicians blended these behaviorial categories in with their medical terminology when evaluating human characteristics.

Physicians played an important role in convincing this generation that the ethic of respectability depended upon the inseparable nature of health, morality, and success. Rigid observance of hygienic laws was one sure way to gain training in regularity and restraint. Good habits, according to the medical profession, led to personal health. Physicians in the Gilded Age viewed the healthy individual in much the same way as reformers in the antebellum period viewed the moral individual. They were examples to the rest of society, and the conversion of enough people to the laws of hygiene or the cause of reform promised to transform society.[59] The popularity of organic and hereditarian principles in the Gilded Age made interrelationships between individuals more binding than they had been when atomistic social theories

held sway. Organic laws placed an even higher value on the family and childhood characteristics. The widespread acceptance of these laws meant that Americans increasingly believed that few things in life were simply the result of chance. There was a definite cause and effect relationship between individual behavior and the quality of society, which evolutionary thought and hereditarianism strengthened. The belief that parental behavior determined childhood behavior provided fertile soil for the spread of guilt among those most committed to the ethic of respectability.

National progress was the product of individual health and morality. Individual achievement was good for the country. The best guarantor of progress was to unfetter the individual. The idea that human selfishness was the agent of national progress was a major component of conservative thought in the Gilded Age.[60] The acceptance of this laissez-faire mentality in medical circles revealed another dimension of the medical profession's conservatism. This individualistic dimension also clarified the reasoning behind the profession's lack of sympathy for immigrants and the poor.

Beneath the surface of middle class respectability lurked a sense of emptiness. This spiritual crisis resulted in part from a fragmented view of psychology. Warned against irrational and irregular behavior, middle class members strove to perfect the ability to inhibit the impulses of the passions and to develop the strength to choose the path of

rectitude and wisdom.[61] They had to work hard and look for the main chance. If they took these lessons to heart, these people effectively internalized the values of orthodoxy and avoided moral lapses and financial irregularities. Ambition was the central component of this personality. Since there were no formal definitions of class membership, ambitious members of the middle class developed an almost compulsive devotion to work.[62] Success led to a desire for more success and failure was the great fear of the age. Despite the popularity of the deterministic aspects of hereditarian thought, Americans believed that they held their fate in their own hands. People who worked hard received their just rewards and poverty was the result of laziness. This belief was largely a middle class perception of reality. It had little relationship with the day-to-day life of laborers or farmers. One of the central tensions in American life during these decades of rural to urban shift was the farming community's growing conviction that the relationship between effort and reward was breaking down. Increased efficiency seemed to produce nothing but lower prices. The urban middle class did not share this concern. Their belief that effort paid off betrayed a lack of sympathy for the less fortunate. This argument also posed a threat from within their own ranks. If success followed necessarily from effort, failure was difficult to explain. Failure, according to this line of thought, resulted from a lack of effort. It was the result of personal

shortcomings. This logic revealed why failure was the devil of the middle class. It was impossible to blame it on anything but individual weakness. This accounted for the compulsive dedication to work among those people most committed to the orthodox moral code which emphasized material success. It also explained the complementary fear of wasting time. Time was money. Life was a battle for survival with the most gifted and ambitious coming out ahead. This belief left no room for non-productive pursuits. This was a demanding ethic, and the fact that there was deviance from the rules illustrated that rebellion lurked beneath the surface of respectability. It was not surprising that many people took advantage of unsocialized outlets to express their discontent and release their frustrations.

VII

The compartmentalization of human psychology was quite evident in Victorian attitudes toward sexuality. The medical profession shared the general belief that the sexual instinct had to be ruthlessly controlled. This control separated higher from lower beings and higher from lower civilizations. This belief fitted nicely with the medical profession's overall emphasis on control as the building block of character.[63] The concern with sexuality reflected the general feeling that the sexual instinct was less manageable than other instincts. It also stemmed from the theory

that sexual excess harmed the organism more than excesses in work habits or alcoholic practices.[64] Since the sexual instinct was relatively unmanageable, control over the instinct had to be constant. Physicians looked to the conscience and will to provide this control. The central mechanism of control was guilt. The emphasis upon internal mechanisms of restraint was an important feature of Victorian culture. The same kind of internal authority that kept the instinct under control performed the same service for the entire personality. Physicians believed that sex was outside the real self and that the satisfaction of the instinct was not a daily concern.[65] This accounted for the medical profession's belief that intercourse, even between married partners, was necessary only for the propagation of the race and was to be indulged in rather infrequently.[66] This belief had its roots in the concept of the hereditary nature of promiscuity and the mercantilist theory of human energy.

The medical profession's discussions of male and female behavior ignored some of the underlying tensions of the middle class family. In this last of the pre-Freudian medical generations, some questions were simply not asked. While physicians wrestled with the debate between those concerned about race suicide and those who thought that small families were desirable, they continued to oppose contraception. The American Medical Association periodically investigated the problem of abortion during these years. The

Association opposed abortion and birth control devices and condemned physicians who resorted to such illicit methods.[67] This put a lot of pressure on marriage partners and considerably limited the practical alternatives to conception, especially since it was widely believed that withdrawal to prevent conception was unnatural and led to disease.[68] Physicians shared with other Americans the fear that effective birth control would lead to promiscuity. This fear was consistent with the belief that the sexual instinct was a threat to personal control and was viewed from a negative perspective. The idea of the woman as passionless was thus useful. According to physicians, there would be little problem in limiting family size since "true" women exhibited no sexual desire. A popular journal held that women were naturally monogamous and monerotic while men were naturally polygamous and polyerotic. Marriage increased the female's freedom while it lowered the male's.[69] Women submitted to their husbands' embraces merely to gratify male desires and to achieve conception. They had no other interest in sexual matters.

This view of womanhood ignored some important considerations. Aside from the fact that many women exhibited more passion in private than was ever discernible, the medical opposition to contraception put severe burdens on the woman. If the dutiful wife submitted to her husband whenever he demanded, she ran the risk of spending her adult life in

an endless cycle of pregnancy and recovery. She also ran the risk of losing social standing. Since many thought that having a large number of children was unfashionable, the woman had to balance conjugal duties with her public image. This created tensions between middle class husbands and wives.

The existence of prostitution reflected the inability of many women to balance denial with compatability and indicated that Victorian morality was not a monolithic structure.[70] The irony of this situation was that women who conformed most closely to the orthodox moral code were the women least likely to receive the attentions of men. This irony was at the basis of the Victorian double standard. For all the worshipful prose expended in behalf of good women, many men sought satisfaction elsewhere. This tragic dimension of Victorian life was related to the impersonality and lack of satisfaction that often accompanied conformity to orthodoxy. While many men internalized the ethic of Christian continence, others found it difficult to shed a more aggressive male ethos that viewed children as objective proof of masculinity.[71] These men often took advantage of unsocialized outlets. This was one explanation for the underground existence of prostitution. Middle class men wanted to marry virgins, but they sensed that real satisfaction lay elsewhere. They respected good women but lusted after bad ones. Prevailing literary techniques reflected this dimension of the

double standard. American literature in the Gilded Age made the same distinctions between good and bad women. The only passionate women in American fiction during this period were bad. They were women to be lusted after and to use but not to marry.[72] This concept expressed the importance of respectability in middle class circles and revealed the double standard that reigned in sexual relationships. Women who engaged in premarital sex fell from virtue, but men who did the same gained in the estimation of their peers. Women had a duty to preserve themselves for marriage that men did not share. The female ethic involved sacrifice and denial that were absent from the male ethic. There were good and bad men, but the judgment was made largely upon economic considerations and evaluations of class standing. The self-denial and control of will demanded in men's economic transactions were often absent in their private lives. This explained why men's reputations depended more upon economic success than personal propriety.[73] Women did not have a choice between the public and the private sphere. Their place was in the home and their reputation depended upon a small family and personal circumspection.

There were good reasons for the fundamental tensions in middle class marriages. Most of these couples married at a relatively late age. Usually they waited until the husband finished his professional training and started on a career. This meant that many couples married only after a

long courtship. Given the reigning reticence in sexual matters, it was not surprising that these years of waiting only heightened the fears of both partners concerning the wedding night. Since many males and females preserved their virginity until marriage, the wedding night was often one of institutionalized trauma.[74] The most important result of this was that the first experience often left emotional scars that never healed. Both individuals were often so ignorant of the fundamentals of biology that genuine spontaneity was out of the question. One physician noted that this ignorance made marital compatability problematic.[75] On the wedding night many women interpreted male ineptitude as brutality and concluded that men were nothing more than lustful beasts interested only in their own satisfaction. Female hesitancy convinced many men that it was true that decent women abhorred sexual intercourse. Complicating this situation, one of the only ways for women to gain any power in this period was to refuse to engage in intercourse with their husbands.[76] Denied any meaningful access to public life, resourceful women used the only leverage at their disposal to influence men. This tactic obviously alienated many men who went elsewhere to satisfy their desire.[77] Women had no other choice. Passive aggression was masochistic, but overt use of sexual power met with severe penalties. Since men assumed that normal women were asexual, they viewed sexual desire as a sign of disease. Physicians

thought that overt displays of sexuality in middle class women exhibited a dangerous lack of personal control. Radical surgery was the way to bring the woman back to normality. The rise of gynecology was an accurate indicator of male insecurities. Sexual women were too much like men.[78] Men faced too much uncertainty in the outside world to countenance this kind of competition at home. The medical profession recognized that there were problems between middle class husbands and wives and that these problems contributed to the difficulties facing the nuclear family in this period of transition. Unfortunately recognition did not lead to resolution. The profession's strong male bias stood in the way of a complete solution. Physicians were unable to escape the stereotypes of the double standard and punished women who violated the norm of asexuality.

The profession's statements on the role of women reflected the ambiguities of medicine's perception of the female. They also revealed some of the ambiguities of being male. The profession viewed the Victorian woman as more spiritual than man, yet less in control of her morality. Doctors claimed that women were naturally sexless, yet believed that woman's sex organs dominated their personalities. Physicians idealized woman's transcendant calling as reproductive agents, yet existing taboos made women ashamed of menstruation and pregnancy. The medical profession's ambiguous view of women was clearly related to similar ambi-

guities in the male self-view. While they praised competition as the agent of progress, men feared that they would lose in the struggle for survival. The future depended upon propagation of the race, but medical and social thought argued that copulation led to nervous disease. Rigid adherance to the work ethic led to success, yet men feared that "sexless" women would seduce them away from duty. The medical profession told men to save their energies, yet they believed that animal instincts were uncontrollable. These ambiguities made it clear that the medical profession was unable to resolve some of the basic issues of gender distinctions. The profession used ideology as frequently as physiology when it discussed female and male behavior.[79]

Another way for women to gain power was to be sick. This made physicians the first line of defense against this manifestation of female rebellion.[80] Medical men were trapped again in the circularities of their rhetoric. Their advice to female neurasthenics revealed all the inconsistencies and hostilities of male thought during the period.

Physicians were in a position to recognize the initial signs of illness. The profession realized that a woman who was sick could not be expected to fulfill the roles of mother and matron. A woman confined to her bed was of little use to her family. This change from provider to patient disrupted the daily regimen of the family. Given the profession's view of the importance of the nuclear family, many physicians sus-

pected that the cult of female invalidism served primarily as an escape mechanism for women. At the bottom of this suspicion was the profession's fear that it was being duped, that women were consciously taking advantage of the existing uncertainties in mental therapeutics. This possibility caused great concern to American physicians and accounted for the hostility directed at the waspish females of the middle class. Doctors disliked being drawn into domestic power struggles between husbands and wives, yet they had a job to perform. They had to decide whether or not the woman was actually sick. This was important because many in the profession believed that women showed no inclination to recover and enjoyed the power they had while being sick. Many concluded that this was positive proof that a large number of women were taking advantage of the medical profession. There were too many women shirking their duties with the official blessing of the profession. The physician's greatest concern was for his reputation and autonomy. Doctors feared the war of wills with these intractable females and believed that therapeutic failures could ruin their practices.[81]

Some physicians blamed the profession itself for making neurasthenia fashionable.[82] A large number of these critics were somaticists. Disappointed at the changes taking place in mental therapy, these critics relished the opportunity to say I told you so. Give subjective symptoms serious consideration, somaticists said, and the way was clear for any

hypochondriac who wanted to be sick to be declared sick. This argument was one way for somaticists to strike back at critics who accused them of therapeutic nihilism. Certainly their brand of therapeutic nihilism was preferable to the rising school of metaphysical anarchy in nervous ailments. This was a telling criticism. Mental therapeuticists recognized the necessity of defending themselves. They maintained that anything was better than the narrowminded approach that somaticists used in dealing with those complaining of subjective problems. While there might be weaknesses in psychical methods, they were as nothing compared to the somatic denial of the existence of subjective symptomatology. At the very least, these defenders said, those suffering from vague mental ailments could now get a sympathetic hearing. These physicians argued that it was better to err on the side of leniency than to follow the somatic creed and reject subjective complaints out of hand.

This running debate within the profession complicated the task of dealing with female invalids. Hostility directed at competing physicians often spilled over into everyday practice and created an emotionally-charged therapeutic atmosphere. Even those sympathetic to female invalids tired of spending so much of their time listening to the self-indulgent complaints of middle class women.

Another difficulty in this doctor-patient relationship was the profession's growing concern over the physi-

cian's impact upon the family. For each woman on the rest cure there was a household in confusion. This was often more than the husband could take. He had difficulty enough earning a living without having to worry about conditions on the home front. Physicians did not like this situation any better than the husband. They especially disliked their role as accessories to the crime and usually blamed the woman for causing this uncomfortable problem. This created a morbid situation. Physicians frequently failed to empathize with their patients and expressed open loyalty with the male of the family. Women in need of professional help found themselved faced with a difficult choice. They could either remain bedridden and useless or they could resume their normal duties and live with their problems. Either way the problem was unresolved. The tragedy of this situation was that even those physicians sympathetic to neurasthenic sufferers and committed to the treatment of subjective symptoms often failed to respond to the needs of their patients. Too often the physician was more concerned with preserving his independence and reputation than in entering into the tangled web of family affairs. The physician's desire for autonomy was stronger than his willingness to become an object of manipulation in intra-familial disputes. The medical profession wanted to advise and influence America's families, but it showed a marked reluctance to deal with the problems firsthand.

This reluctance stemmed from the profession's own uncertainties. Medical men were not immune to the problems of the day. They experienced on a personal basis many of the same problems they faced in their practices. A large number of physicians' wives suffered from neurasthenic complaints. One reason for this was the etiological uncertainty of the period. There were no hard and fast rules in nervous diseases. Each case was treated in a different way. This meant that any and all symptoms received the physician's attention. The doctor could not afford to regard anything as trivial or meaningless. This fact, coupled with the immediacy of contact, contributed to the prevalence of neurasthenia among doctors' wives. Even the slightest deviation from normal behavior was cause for alarm. This was largely because of the either-or evaluation of physical symptoms. The skin was either too pale or too dark. The tongue was either too dry or too wet.[83] This either-or interpretation created a situation in which no one was completely healthy. Physicians saw their wives on a daily basis, and it did not take much to arouse suspicions of illness. Doctors believed strongly that early detection was the best guarantor of recovery and hastened to prescribe something at the first hint of disease. This accounted for the high rate of alcohol and opium addiction among doctors' wives.[84] Physicians literally doctored their wives to death.

Physicians displayed much more sympathy for male neur-

asthenics than they did for female sufferers. While they scolded these brain-workers for ignoring hygienic laws, they were unable to hide their respect for these agents of progress.[85] There were strong ties of class and gender between these physicians and their patients. This accounted for the favorable description of these patients in the medical literature. This literature portrayed male neurasthenics as people willing to risk personal illness for the sake of society. Physicians identified with this sacrificial attitude and liked to believe that it was a quality that the medical profession shared with its patients. The disproportionate number of neurasthenics within medical ranks occasioned many to argue that this was proof of the profession's dedication to duty. This identification with urban brain-workers revealed the hunger for status that permeated medical circles. Although the profession's image improved throughout this period, medical men still remembered the past. In strongly identifying with the middle class, the profession wanted to move out of the shadow of its former image. One of the best ways to do this was to earn the gratitude of its male patients, and another way was to convince male neurasthenics that their suffering was worthwhile and proved their superiority. The increasing prestige of the profession, and the acceptance of physicians into respectable social circles, testified to the success of this tactic.

CHAPTER V

FOOTNOTES

[1]Phyllis Allen Richmond, "American Attitudes Toward the Germ Theory of Disease (1860-1880)," Journal of the History of Medicine, 10 (1954), 431.

[2]Charles E. and Carroll Smith-Rosenberg, "Pietism and the Origins of the Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," Journal of the History of Medicine, 23 (1968), 31.

[3]Barbara Gutmann Rosencrantz, "Cart Before Horse: Theory, Practice and Professional Image in American Public Health, 1870-1920," Journal of the History of Medicine, 29 (1974), 56.

[4]J. Leonard Corning, M. D., Brain-Rest: Being a Disquisition of the Curative Properties of Prolonged Sleep, 2nd ed., revised and enlarged with additional illustrations (New York: G. P. Putnam's Sons, 1885), 3.

[5]J. Bellanger, "Sexual Purity and the Double Standard," Arena, 11 (1895), 377.

[6]T. O. Summers, M. D., "Neurasthenia," Southern Practitioner (Richmond), 3 (1881), 368.

[7]Edward Wakefield, "Nervousness: The National Disease of America," New McClure's Magazine, 2 (1894), 307. This article is a brief account of Mitchell's background and medical career.

[8]Peter T. Cominos, "Late-Victorian Sexual Respectability and the Social System," International Review of Social History, 8 (1963), 27. It is difficult to tell how much of this process was conscious since physicians abstracted sexual and moral laws in much the same way as classical economists abstracted the laws of economics.

[9]Edward C. Mann, M. D., "Modern Nervous Diseases," Southern Clinic (Richmond), 4 (1881), 244-245.

[10]S. Weir Mitchell, M. D., Doctor and Patient (Philadelphia: J. B. Lippincott Company, 1887), 148.

[11]This was obviously a matter of perspective. While Americans believed in progress, they had no way of knowing how quickly vast wealth would be accumulated. Contemporary thought emphasized the need for thrift since resources seemed limited.

[12]Rollo May, Man's Search For Himself (New York: W. W. Norton & Company, Inc., 1953), 97.

[13]Gail Thain Parker, Mind Cure in New England From the Civil War to World War I (Hanover: University Press of New England, 1974), 68.

[14]John Chynoweth Burnham, Psychoanalysis and American Medicine: 1894-1918; Medicine, Science, and Culture, Vol. 4,

no. 4, monograph 20 of Psychological Issues (New York: International Universities, Inc., 1967), 80.

[15]Erich Fromm, Escape From Freedom (New York: Avon Books, 1941), 302.

[16]Ibid., 307.

[17]Alfred H. Peters, "The Extinction of Leisure," Forum, 7 (1889), 690.

[18]Barbara Welter, "The Cult of True Womanhood: 1820-1860," American Quarterly, 18 (1966), 151-174. This article discusses the view of women that prevailed in the period immediately preceding the Gilded Age. Welter argues that piety, purity, submissiveness, and domesticity were the chief characteristics of the "true woman" in the antebellum period. The medical profession, like the majority of Americans, wanted to preserve this type of womanhood. One of the tensions of the Gilded Age was the gradual chipping away at this paradigm.

[19]George M. Beard, M. D., American Nervousness: Its Causes and Consequences (New York: G. P. Putnam's Sons, 1881), 185, 336.

[20]Helen Watterson Moody, "The Unquiet Sex," Scribner's, 22 (1897), 150-156, 486-491, and 23 (1898), 116-120, 234-242. Moody wrote a series of four articles for Scribner's giving her views on the role of women. These four articles are as good a statement of the conservative position on woman's place in society as anything in the popular journals. Partic-

ularly interesting is the following passage from the first of these papers, "The Woman Collegian:"

> Surely the ability to detect with appreciation the subtle blending of an exquisite sauce, or the flavor of a salad, or the power of making a harmonious composition of companionable savors in a single meal, is as distinctly a result and a test of culture as the appreciation of the eye in painting, or the ear in music, while the ability to set forth a suave and delicate dish as the product of one's own skill possibly contributes as much to the sum of good in the world as a moderately bad translation of a German pessimist, or even a new manifestation in philanthropic possibilities. Supposing, for a moment, that the coming century were to have in it the seeds of a new Carlyle, it might be considered a service to mankind if some college woman could contrive to give us the philosopher without the dyspepsia.

[21]Charles E. Rosenberg, "Sexuality, Class and Role in 19th-Century America," American Quarterly, 25 (1972), 355-356.

[22]This was an expression of pathetic negativity. Women obviously gave birth to the men and women who made all these developments possible, but this was not viewed as a positive accomplishment (despite all the worship of woman's maternal calling).

[23]Frances Emily White, M. D., "Woman's Place in Nature," Popular Science Monthly, 6 (1874-5), 301.

[24]John S. Haller, Jr., "Neurasthenia: The Medical Profession and the 'New Woman' of Late Nineteenth-Century," New York State Journal of Medicine, 121 (1971), 481.

[25]Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael

Gordon (New York: St. Martin's Press, 1973), 352.

[26]Mitchell, Doctor and Patient, 86, 146.

[27]Beard, American Nervousness, 120.

[28]Robert T. Edes, M. D., "The New England Invalid," Boston Medical and Surgical Journal, 133 (1895), 56.

[29]Barbara Ehrenreich and Deirdre English, Complaints and Disorders: The Sexual Politics of Sickness (Glass Mountain Pamphlet No. 2; Old Westbury: The Feminist Press, 1973), 62.

[30]see page 179.

[31]David M. Potter, People of Plenty: Economic Abundance and the American Character (Chicago: University of Chicago Press, 1954), 91-110. These pages constitute Chapter Four of Potter's study, "Abundance, Mobility, and Status." This is obviously a question of degree. Radicalism and labor violence did exist during the Gilded Age, but their existence seldom constituted a serious threat to the development of laissez-faire capitalism. Potter's study makes a cogent point. Abundance, he states, can operate as a conservative force in society. As long as most people believe they have something to lose, and most believe they do, they will be reluctant to turn to radicalism to alleviate social problems. Certainly the lack of radicalism in the United States during the 1930's can be viewed from this perspective. It should not be surprising that there was even less full-blown radicalism during the Gilded Age when Americans viewed progress from a

much more innocent perspective.

[32]Charles E. Rosenberg, "Sexuality, Class and Role in 19th Century America," American Quarterly, 25 (1972), 143. The lability of class standards has a lot to do with the problematic nature of self-identification during this period. I agree with Rosenberg's contention that "class identity is a primary emotional reality, especially when such identity is marginal or ill-defined." This is certainly the case in the Gilded Age when such definitions were extremely "labile." This explains why "many Americans . . . [were] all the more anxious in their internalization of those aspects of life-style which seemed to embody and assure class status." Rosenberg's concept of lability is a good explanation of the rigidity of the work ethic and related aspects (particularly sexual attitudes) of middle class behavior. Much of my argument in this chapter is based on the thesis that it is difficult for people to maintain their self-identification in a period of rapid change and materialistic values. Anxiety is the product of these times and goes a long way toward explaining the social and emotional reality of the late nineteenth century. Medical views on neurasthenia serve as a good sampling device of patterns of continuity, change, and tension.

[33]Barbara Gutmann Rosencrantz, "Cart Before Horse: Theory, Practice and Professional Image in American Public Health, 1870-1920," Journal of the History of Medicine, 29

(1974), 56.

[34]Donald Meyer, The Positive Thinkers: A Study of the American Quest For Health, Wealth, and Personal Power From Mary Baker Eddy to Norman Vincent Peale (Garden City: Doubleday & Company, Inc., 1965), 29, and Richard Harrison Shryock, Medicine in America: Historical Essays (Baltimore: The Johns Hopkins Press, 1966), 282. Shryock suggests that medical research indicates that the rugged individualists of the Gilded Age were not all that rugged.

[35]"At Home With the Editor," The Ladies' Home Journal, 19 (1893), 14.

[36]Nathan G. Hale, Jr., Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917 (New York: Oxford University Press, 1971), 76-83. This section also includes a discussion of the conflict between Lamarckians and Mendelians over the inheritance of acquired characteristics. Most medical and social critics believed that parents passed acquired characteristics on to their children. The difference between Lamarckians and Mendelians on this point, according to Hale, was that Mendelians paid more attention to theory. Many in the medical profession found Mendelianism more compatible with the positivism of medicine. See also Burnham, Psychoanalysis and American Medicine, 62.

[37]S. Weir Mitchell, M. D., Clinical Lessons on Nervous Diseases (Philadelphia: Lea Brothers and Co., 1897), 78.

[38]I. N. Love, M. D., "Neurasthenia, From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 515.

[39]Sanger Brown, M. D., "The Influence of Climate in Nervous Diseases," New York Medical Journal, 66 (1897), 82.

[40]Henry L. Elsner, M. D., "The Pathological Factors of Neurasthenia," New York Medical Journal, 65 (1897), 492.

[41]John Madison Taylor, M. D., "Climate or Environment as a Factor in the Repair of Neurasthenia and Melancholia," Boston Medical and Surgical Journal, 137 (1897), 415. The following passage from this article is a good example of this ambivalence:

> One fact is thrust upon the attention of American physicians obtrusively: the increasing number and complexity of instances of exhaustion, with will loss or impairment, mental depression and other effects of modern hurry, strains, responsibility, coupled with excesses of various sorts, not always intrinsically reprehensible, oftentimes praiseworthy. . . .

[42]Robert T. Edes, M. D., "The New England Invalid," Boston Medical and Surgical Journal, 133 (1895), 53.

[43]John A. Hale, M. D., "Neurasthenia," Medical Review (St. Louis), 35 (1897), 92.

[44]Ludwig Bremer, M. D., "Current Fallacies About Nervous Prostration," St. Louis Clinique, 7 (1894), 147.

[45]Mitchell, Fat and Blood, 44.

[46]Joseph Collins, M. D., "The Etiology and Treatment of Neurasthenia. An Analysis of Three Hundred and Thirty-Three Cases," Medical Record (New York), 55 (1899), 416.

[47]Charles E. Rosenberg, "Social Class and Medical Care in Nineteenth-Century America: The Rise and Fall of the Dispensary," Journal of the History of Medicine, 29 (1974), 36.

[48]A number of physicians noted that there was increasing evidence that neurasthenia was spreading into the lower class. Rather than viewing this as a medical problem, these doctors attributed the spread to emulation. The poor were copying the diseases of the middle class in an attempt to claim middle class status. This is a good example of the self-flattering aspect of this fashionable ailment. John S. Haller, Jr., "Neurasthenia: The Medical Profession and the 'New Woman' of Late Nineteenth-Century," New York State Journal of Medicine, 121 (1971), 474.

[49]C. H. Hughes, M. D., "Neurasthenia," Alienist and Neurologist (St. Louis), 15 (1894), 360. The following is Hughes' definition of neurasthenia. This quote is also a good example of the circumlocuted literary style of the medical profession.

> It is not a spasmodic neurosis like hysteria, chorea, epilepsia, etc., though these states may become engrafted upon it. It is rather a conservative neurosis, saving its subjects . . ., from the graver forms of neuropathic breakdown by functional conditions of irritability and instability, which make the further endurance of the profounder strain of the nerve centers, that leads to organic disease of the nerve centers of the cerebrospinal axis, an impossibility.

[50]Charles E. Rosenberg, "Social Class and Medical Care in Nineteenth-Century America: The Rise and Fall of the

Dispensary," Journal of the History of Medicine, 29 (1974), 48.

[51]Thomas N. Bonner, "The Social and Political Attitudes of Midwestern Physicians 1840-1940: Chicago as a Case History," Journal of the History of Medicine, 8 (1953), 150, and Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought (New Brunswick: Rutgers University Press, 1963), 38.

[52]Mitchell, Doctor and Patient, 109.

[53]Joseph Collins, M. D., "The Etiology and Treatment of Neurasthenia. An Analysis of Three Hundred and Thirty-Three Cases," Medical Record (New York), 55 (1899), 415.

[54]Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael Gordon (New York: St. Martin's Press, 1973), 341.

[55]Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," Bulletin of the History of Medicine, 41 (1967), 230.

[56]Ehrenreich and English, Complaints and Disorders, 57.

[57]Oscar Handlin, Race and Nationality, 5th ed. (Boston: Doubleday and Co., 1957), 139-166.

[58]Male exploitation of lower class females was another example that many men found the ethic of continence to be too demanding. They decided that if they could not keep the aggressive masculine ethos alive with their "sexless" wives,

they would take advantage of unsocialized outlets. No doubt the belief that there was no conscience in lower class women helped overcome any guilt that might have been involved in this situation.

[59]John L. Thomas, "Romantic Reform in America, 1815-1865," in Antebellum Reform, edited by David Brion Davis (New York: Harper & Row, 1967), 153-176.

[60]Robert Green McCloskey, American Conservatism in the Gilded Age (New York: Harper & Row, 1951), 27.

[61]Edward Cowles, M. D., "The Mental Symptoms of Fatigue," New York Medical Journal, 57 (1893), 348.

[62]This compulsion stemmed in part from the lability of class definitions. Sex and money were given important consideration because many believed that achievement in these areas was the way to respectability. Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael Gordon (New York: St. Martin's Press, 1973), 343.

[63]Charles E. Rosenberg, "Sexuality, Class and Role in 19th-Century America," American Quarterly, 25 (1972), 137.

[64]Hale, Freud and the Americans, 55. One of the central components of the somatic style in medicine was the belief that the seriousness of any disorder was a function of the departure from the social norm. This belief illus-

trated the normative nature of medical thought and revealed why physicians thought that masturbation and other kinds of sexual excesses posed the greatest threat to individual health and morality.

[65]Since Victorian physicians pictured respectable women as naturally passionless, the concern with the recalcitrance of the sexual appetite centered primarily on men. The stereotype of male behavior made this a logical concern. Physicians thought that men were naturally aggressive and lustful. These characteristics clearly separated men from women (maternal and submissive) and revealed to what degree the medical profession viewed the world from a male perspective. Physicians seldom reconciled the belief that men were naturally lustful with the idea that the satisfaction of the sexual instinct was not a daily concern.

[66]Ronald G. Walters, editor, Primers For Prudery: Sexual Advice to Victorian America (Englewood Cliffs: Prentice-Hall, Inc., 1974), 79-97. Walters cites Dr. John Cowan's extreme example of advice to married couples on the frequency of intercourse (88-89). After arguing that husband and wife should not have intercourse for twenty-one months from the time of conception, Dr. Cowan went on to propose an even further extension.

> I believe the . . . twenty-one months of reproductive effort, on the part of the mother, necessarily in a measure lowers her vital powers, and therefore, after weaning, she should be allowed at least from one year to fifteen months to rest and recuperate. This may not

> be required in a perfectly healthy woman, but healthy women being an exception, the rule holds good. This would create an interval of nearly three years in which no intercourse should be had by the husband or wife, and in those who faithfully observe this rule is found the only strictly continent of mankind.

[67]Charles E. and Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," Journal of American History, 60 (1973), 344.

[68]Alice B. Stockham, Tokology: A Book For Every Woman (New York: R. F. Fenno and Co., 1893), 325.

[69]Junius Henri Browne, "To Marry or Not to Marry?" Popular Science Monthly, 12 (1877-8), 442.

[70]Steven Marcus, The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth-Century England (New York: Basic Books, 1966). This is one of several studies that deals specifically with sexuality in Victorian England. The Other Victorians details the existence of a demi-monde and the degree of deviance that accompanied Victorian prudery.

[71]Charles E. and Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," Journal of American History, 60 (1973), 346. Children were more than objective proof of masculinity. They also served to keep the woman in the home. The man who kept his wife pregnant made sure she remained where she belonged.

[72]Leslie A. Fiedler, Love and Death in the American Novel, revised edition (New York: Dell Publishing Co., Inc.,

1967), 310. Fiedler treats the theme of Pure Womanhood in Chapter 10, "The Revenge on Woman: From Lucy to Lolita."

[73]While it would be hard to imagine a male losing social standing for engaging in an extramarital affair, it would be quite easy to imagine that he would fall from favor for losing his fortune.

[74]Charles E. Rosenberg, "Sexuality, Class and Role in 19th-Century America," American Quarterly, 25 (1972), 140.

[75]R. W. Shufeldt, M. D., "The Treatment of Psychological Impotency," New Albany Medical Herald, n. s. 7 (1898), 307. Dr. Shufeldt also believed that an unfortunate number of men fell from virtue with prostitutes and that this fall made them fail in their relationships with women of purity and respectability. He also included a criticism of the church's "idiotic" stand against divorce, arguing that this stand condemned women to a terrible life and still made it possible for men to go on their merry ways. Dr. Shufeldt obviously recognized some of the basic realities of the Victorian double standard.

[76]John S. and Robin M. Haller, The Physician and Sexuality in Victorian America (Urbana: University of Illinois Press, 1974), 102.

[77]Peter T. Cominos, "Late-Victorian Sexual Respectability and the Social System," International Review of Social History, 8 (1963), 231-235.

[78]This was another example of the psychological pro-

cess of projection. Medical views of women were strikingly similar to those concerning immigrants, blacks, and poor people. See 182-183.

[79]Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael Gordon (New York: St. Martin's Press, 1973), 361, and Charles E. and Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," Journal of American History, 60 (1973), 338.

[80]Ehrenreich and English, Complaints and Disorders, 38.

[81]Carroll Smith-Rosenberg, "The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America," Social Research, 39 (1972), 674-675.

[82]I. N. Love, M. D., "Neurasthenia From the Standpoint of the General Practitioner," Buffalo Medical and Surgical Journal, 33 (1893-4), 515.

[83]Thomas Stretch Dowse, M. D., The Brain and the Nerves (New York: G. P. Putnam's Sons, 1884), 24.

[84]Mitchell, Doctor and Patient, 99.

[85]Doctors did not extend this same respect to female neurasthenics. As John Haller states:

> While few physicians questioned the greater intellectual brain force of the urban businessman as a cause for his neurasthenia, almost all were willing to dispute the similar implications that accompanied the neurasthenia of women.

John S. Haller, Jr., "Neurasthenia: The Medical Profession and the 'New Woman" of Late Nineteenth-Century," New York State Journal of Medicine, 121 (1971), 481.

CONCLUSION

I

Seldom have societies changed more rapidly or dramatically than American society did during the Gilded Age. In little more than one generation the population of the United States doubled and the nation became the world's leading industrial power. Industrialization led to urban growth and created new avenues of wealth and power. Farmers and laborers lost status to an aggressive, urban middle class. These educated professionals won positions of authority within industrial organizations. Convinced that strength of will and regularity of behavior were essential to success, these brain-workers made great demands upon themselves. They internalized the values of industrial society and gave their allegiance to the tenets of orthodox morality. As a result of single-minded devotion to the work ethic, they had great financial and emotional investments in the new industrial order. While they thanked the classlessness and mobility of American society for making their success possible, they developed a vested interest in the status quo and expressed open hostility toward those lower on the

social scale.[1]

They continued to worship the myth of Horatio Alger, but their everyday experience convinced them that it was impossible for everyone to be an Andrew Carnegie. The hierarchical structure of professional organizations placed an emphasis on loyalty and not originality. People gained steady but not spectacular advancement in the ranks. The Horatio Alger myth urged people to aspire to nothing less than greatness, but realistically the great majority had to live with far less. Popular ideology stressed the rewards of effort, but the configuration of bureaucratic structures created dissatisfaction and insecurity.[2] Middle class professionals had to internalize their competitiveness and live with organizational realities. The gap between what was attempted and what was attained produced great emotional stress and intensive self-examination. While some felt cheated, most blamed themselves for their lack of success. These people were not poor, but they had wanted to do better. According to the medical profession, these were the people who suffered from neurasthenia. Successful yet discontented, these individuals drove on in the hope of distinguishing themselves from others of similar background and circumstances. Justly proud of their accomplishments, members of the urban middle class risked their health rather than congratulating themselves on a job well done.

Critical of the unhealthy behavior of these people

but proud of their accomplishments, the medical profession tried to formulate guidelines to enable the middle class to work without becoming ill. Much of this attempt centered upon the problem of neurasthenia. Replacing clergymen as the confidantes of the middle class, physicians became important sources of authority to an important segment of the American people. Physicians dealt with the fears and insecurities of a generation of Americans proud of material achievements but concerned with emotional and spiritual well-being.

The medical literature on neurasthenia contained a critique of American society, but it lacked punch because of the profession's profound ambivalence regarding the nature of the new order. As members benefitting from the prestige of scientific pursuits, physicians displayed an understandable reluctance to evaluate industrial America. A recognition of the dangers of the rush for wealth combined with a fascination for material progress to soften the profession's criticisms of society. The profession realized that the mad race after dollars was antagonistic to health, but also knew that money was often the measure of the man. Physicians believed that this was an inescapable condition of society. This belief accounted for the medical profession's emphasis on adaptation as a cure for neurasthenia. Society, with medicine's help, would eventually evolve out of the present era of illness. Adaptation was an adjustment to the here and now. Physicians did not tell neurasthenics to cease

their efforts, but did hold that observance of the fundamentals of hygiene would pay off in the long run. Physicians wanted to benefit from industrialization as much as anyone else. They believed that neurasthenia was a price worth paying for the time being. Competition was unaviodable, the price of democracy and a law of evolution.[3] Competition was the most important agent of progress. The highly-competitive nature of American society, according to the profession, accounted for the prevalence of neurasthenia in this country. The excesses that resulted from the fluidity and mobility of a classless society were as much a source of pride as a matter of concern. Yankee curiosity, George M. Beard maintained, was the mother of both invention and illness.[4] Few were content to remain where they began. Beard attributed this race for wealth and status to the climate of political and religious liberty that prevailed in the United States. While this race produced anxiety as well as affluence, it was considered a necessary condition of progress. Beard was one among many who believed that competition was an inescapable condition of the evolutionary process. In an article he wrote in 1879, Beard took a hard Darwinian line on the mechanics of the struggle for survival. This article revealed Beard's class bias, his dependence upon evolutionary thought, and his particular combination of pessimism and optimism. Beard thought that it was part of the law of evolution that the lower must minister to the higher. The

strength of the strong, Beard maintained, came from the weakness of the weak. Millions perished so that hundreds could survive. Beard believed that this law was as remorseless as gravity. It was a cruel process, but out of this confusion, conflict, and positive destruction a powerful and stable race was evolving.[5] Americans were the highest form of humanity and neurasthenia was proof that the process was not yet complete.

II

Ambivalence was the central characteristic of the medical mind in the late nineteenth-century. The literature on neurasthenia provided as good an insight into this ambivalence as any other contemporary source. Convinced that competition was a prerequisite of progress and a necessary quality of an individualistic society, medical men struck a balance between criticism and praise in their analyses of American society. From a purely medical point of view, they criticized the dangerous increase in neurasthenia and allied ailments. Illness was a threat to the future of American greatness and had to be attacked. Existing alongside this medical critique was the clearly sympathetic view that physicians had of the emerging order. Benefitting from a rising standard of living and an increase in status, the medical profession found it impossible to maintain a negative posture. The profession identified with the ambitious, urban

middle class and praised that class for its devotion to the work ethic and its contribution to the American future. Although these professionals were susceptible to neurasthenia, they were essential to progress. The medical profession took advantage of its prestigious position to insure that progress would continue. Physicians told middle class neurasthenics that their suffering was worthwhile. It set them apart from the unambitious lower class and the unproductive upper class. The medical profession argued that it was better to risk neurasthenia than to let the work of society go undone. Physicians were critical yet willing participants of the new order.

CONCLUSION

FOOTNOTES

[1]This was an ironic situation. Physicians called these people "agents of progress," yet they were the very people committed to the status quo. The irony was that these people played a critical role in destroying the very foundations of the status quo they admired.

[2]David M. Potter, People of Plenty: Economic Abundance and the American Character (Chicago: University of Chicago Press, 1954), 98-99.

[3]Philip Zenner, M. D., "Neurasthenia," Cincinnati Lancet-Clinic, 40 (1898), 657. Dr. F. W. Langdon made this statement in the discussion following Dr. Zenner's presentation.

[4]George M. Beard, M. D., American Nervousness: Its Causes and Consequences (New York: G. P. Putnam's Sons, 1881), 123-131.

[5]George M. Beard, M. D., "Physical Future of the American People," Atlantic, 43 (1879), 728. There are distinct similarities between these thoughts of Beard and the theo-

ries of Herbert Spencer. See Richard Hofstadter, Social Darwinism in American Thought, revised edition (Boston: Beacon Press, 1955), 41. William Graham Sumner, who combined the Protestant ethic, classical economics, and Darwinian theory in his work, held similar views. See Social Darwinism: Selected Essays of William Graham Sumner, introduction and notes by Stow Persons (Englewood Cliffs: Prentice-Hall, Inc., 1963). It is difficult to disagree with John S. and Robin M. Haller's labelling of Beard as a Spencerian Social Darwinist in light of this discussion. The Physician and Sexuality in Victorian America (Urbana: University of Illinois Press, 1974), 6.

ESSAY ON SOURCES

The purpose of this essay is to discuss the primary and secondary literature I found most useful in my analysis of neurasthenia. I will not deal with all the material cited in the text but will focus my attention on the sources I think are of particular value.

Primary

Medical Journals

There is an abundance of literature in medical journals dealing with neurasthenia. This literature makes it quite clear that the medical profession was concerned with the mental health of industrial America. Most of the journals were located in urban areas. This was because of the logistics of the printing industry and the fact that most physicians lived in and around these cities. This is one explanation for the decidedly urban flavor of these publications. This is even more the case if one considers only the articles on neurasthenia. Physicians who treated neurasthenia were almost exclusively urban. They believed that neurasthenia was primarily a problem of the urban middle class and articulated

that belief in the medical journals. Journals published in the Northeast and the Old Northwest (roughly the area between Maryland on the southeast to New England to Chicago and down to St. Louis) gave the most space to articles on neurasthenia. Among the most important of these journals were the Medical Record (New York), American Journal of Insanity (Utica/Chicago/Baltimore), Alienist and Neurologist (St. Louis), Boston Medical and Surgical Journal (same as New England Journal of Medicine), Medical Review (St. Louis), Post-Graduate (New York), Buffalo Medical and Surgical Journal, Chicago Medical Review, Medical Bulletin (Philadelphia), Cincinnati Lancet-Clinic, Gaillard's Medical Journal (New York), International Clinic (Philadelphia), Journal of Nervous and Mental Disease (Chicago), Journal of the American Medical Association (Chicago), Maryland Medical Journal, Medical Register (Philadelphia), Physician and Surgeon (Ann Arbor), Medical and Surgical Reporter (Philadelphia), Medical News (Philadelphia), and the New York Medical Journal. The transactions of the state medical associations of most of these states also have a considerable amount of material on neurasthenia. Of the journals from other parts of the country, I found the following to be most useful: Denver Medical Times, New Orleans Medical and Surgical Journal, Virginia Medical Monthly, Pacific Medical and Surgical Journal (San Francisco), American Practitioner and News (Louisville), and Occidental Medical Times (San Francisco). The transactions of these state

medical societies also include material on neurasthenia. Even the journals in these areas of the country were in major metropolitan centers. I decided to list a number of journals because it would be impractical to discuss very many individual articles cited in the text. Anyone looking in the journals mentioned could find much of the primary literature on neurasthenia. Anyone interested beyond this point should consult the Index Medicus under the heading of "Nervous Diseases." The Index Medicus is a far more reliable guide of its kind during these years than is Poole's Guide to Periodical Literature.

It is not easy to ascertain the therapeutic commitments of these journals. It will take much more work on the socio-economic backgrounds of physicians in specific localities and specialties before the positions of some journals are clear. Critics and defenders of the somatic style often published in the same journals. There are, however, several journals that did have decided positions. The American Journal of Insanity, later the American Journal of Psychiatry, was the official publication of the Association of Medical Superintendents of American Institutions for the Insane (later the American Medico-Psychological Association and now the American Psychiatric Association). First published unofficially in 1844, the American Journal of Insanity was the mouthpeice of pure somaticism. Under the thirty year editorship of Dr. John P. Gray

(beginning in 1855), superintendent of the Utica Asylum, the Journal consistently opposed the injection of psychology into psychiatry. Opposition to the conservatism of the Association of Medical Superintendents appeared largely in the Journal of Nervous and Mental Disease, the Chicago Medical Review, and Alienist and Neurologist. Proceedings and transactions of the New York Neurological Society and Medico-Legal Society also put forth the views of critics of pure somaticism.

Monographs

I did most of my work in the medical journals, but there are a number of monographs that are particularly valuable. George M. Beard, M. D., American Nervousness: Its Causes and Consequences (New York: G. P. Putnam's Sons, 1881), is the most important of these. Beard's book is the starting point for any discussion of nervousness. All of Beard's pet theories appear in these pages. American Nervousness provides an excellent insight into the medical mind in the Gilded Age. Beard was the most important popularizer of nervousness. Two secondary appraisals of his work are Charles L. Dana, M. D., "Dr. George M. Beard: A Sketch of His Life and Character With Some Personal Reminiscences," Archives of Neurology and Psychiatry, 10 (1923), 427-435, and Charles E. Rosenberg, "The Place of George M. Beard in Nineteenth-Century Psychiatry," Bulletin of the History of Medicine, 36 (1962), 245-259.

Rosenberg holds that Beard has a small but secure place in medical history because his work reflected the intellectual temper of the Gilded Age. For more on Beard, see Barbara Sicherman, "Mental Health in the Gilded Age," Journal of American History, 62 (1976), 890-912. Sicherman's article is an analysis of the backgrounds and medical careers of Beard and Mary Putnam Jacobi. She argues that much mental hygiene advice stemmed from the personal experiences of physicians and not solely from therapeutic breakthroughs. Several of S. Weir Mitchell's works are of importance. Doctor and Patient (Philadelphia: J. B. Lippincott Company, 1887) and Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria, 3rd ed. (Philadelphia: J. B. Lippincott Company, 1884) are the two that are most valuable. Doctor and Patient provides a good outline of Mitchell's medical interests while Fat and Blood contains the best specific information concerning Mitchell's approach to neurasthenia and hysteria. Mitchell's Lectures on the Diseases of the Nervous System, Especially in Women (Philadelphia: H. C. Lea's Son and Co., 1881) has a good description of his famous rest cure treatment. For differing views on the intent of Mitchell's therapeutics see Regina Markell Morantz, "The Lady and Her Physician," in Clio's Consciousness Raised: New Perspectives on the History of Women, edited by Mary S. Hartman and Lois W. Banner (New York: Harper & Row, 1974), Morantz, "The Perils of Feminist History," Journal of Interdisciplinary History, 4

(1973), 25-52. Wood is highly critical of Mitchell's "male chauvinism." Morantz disagrees and accuses Wood of historical presentism. I tend to agree with Morantz. Although there was an element of chauvinism in Mitchell's attitudes, it boils down to a question of consciousness (see pages 245-247). Another valuable source is M. L. Holbrook, M. D., Hygiene of the Brain and the Cure of Nervousness (New York: M. L. Holbrook & Company, 1878). Holbrook's study contains most of Beard's theories in translated form. The most interesting part of this book is the second section, "Physical and Intellectual Habits of Distinguished Men and Women--As Described by Themselves." Holbrook solicited the opinions of prominent Americans on how to stay free of nervousness. Among the contributors were O. B. Frothingham, Mark Hopkins, William Cullen Bryant, Frederick Beecher Perkins, A. Bronson Alcott, and several others. This section is a good source for the ways in which lay figures reacted to concern over the epidemic of nervousness among the better sort. Holbrook, founder of The Herald of Health, contributed another book with the self-explanatory title, Eating For Strength; or, Food and Diet in Their Relation to Health and Work Together With Several Hundred Recipes For Wholesome Foods and Drinks (New York: M. L. Holbrook and Company, 1888).

One of the consistent themes in the medical literature was the concern that the pace of life caused mental strain. This led to investigations designed to clarify the relation-

ship between the brain and the nervous system. Two good sources for this discussion are Thomas Stretch Dowse, The Brain and the Nerves: Their Ailments and Their Exhaustion (New York: G. P. Putnam's Sons, 1884). J. Leonard Corning, M. D., Brain Rest: Being a Disquisition of the Curative Properties of Prolonged Sleep, 2nd ed., revised and enlarged with additional illustrations (New York: G. P. Putnam's Sons, 1885) contains a good statement of the medical profession's conservative critique of society and illustrates the usage of the waste-repair theory. A good source for the use of electrical appliances is W. F. Robinson, M. D., Electro-Therapeutics of Neurasthenia (Detroit: G. S. Davis, 1893). One of the most sophisticated discussions of neurasthenia is James J. Putnam, M. D., "Neurasthenia," in A System of Practical Medicine by American Authors, edited by Alfred Lee Loomis, M. D., and William Gilman Thompson, M. D., Vol. 4 (New York: Lea Brothers, 1898), 549-595. Putnam, who later became one of America's first psychoanalysts, gives much more attention to psychological factors than most authors. Alice B. Stockham, Tokology: A Book For Every Woman (New York: R. F. Fenno and Co., 1893) contains a summary of almost all current medical theories, especially as they pertain to the health of women.

Popular Magazines

Themes in popular magazines coincided with concerns in the medical literature. This was particularly true regard-

ing the debate over the role of women in industrial America. A survey of the popular magazines reveals that a large percentage of this material appeared in the pages of the Popular Science Monthly and the North American Review.

Frances Emily White, M. D., "Woman's Place in Nature," Popular Science Monthly, 6 (1874-5), 292-301, is a good illustration of the fact that even female physicians accepted a limited role for women. White relied upon evolutionary principles to argue that women should concentrate on cultivating their peculiar characteristics and let men take care of the world's affairs. White feared that women would jeopardize their health and reputation if they left the home. For three evaluations of the health of American women see "The Health of American Women," North American Review, 135 (1882), 503-524. There was a considerable debate concerning whether or not women should pursue advanced educations. W. LeConte Stevens, "University Education For Women," North American Review, 136 (183), 25-39, is a better than average discussion of this debate. Stevens did not take a position but made it clear that he felt most of the opposition to female education was based on traditionalism and not on a judicious weighing of the pros and cons. Elizabeth Cumings, "Education as an Aid to the Health of Women," Popular Science Monthly, 17 (1880), 823-827, aruged that education could strengthen the will power of women and be a positive boon to society. The review of Edward H. Clarke, M. D., Sex in Education; or, A Fair Chance

for the Girls (Boston: James R. Osgood and Company, 1873), in North American Review, 118 (1874), 140-152, is valuable because it presented Clarke's objections to coeducation alongside the reviewer's dissenting opinions. This article includes many aspects of this popular debate.

Helen Watterson Moody's series of four articles for Scribner's, collectively entitled "The Unquiet Sex," 22 (1897), 150-156, 486-491, and 23 (1898), 116-120, 234-242, is one of the best sources on the woman question in popular journals. Moody believed that it was a scientific fact that God intended women to be home-makers and analyzed all issues from this perspective. The articles deal with women and college, women's clubs, women and reform, and a discussion of domestic help. Moody's social bias was evident. She defined a heroine as an American woman who did her own housework.

Secondary

Background

While this study covers the years 1870-1900, there are a number of sources dealing with the Jacksonian and Mid-Victorian periods that help place the medical and cultural history of the Gilded Age in perspective. David J. Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston: Little, Brown, and Company, 1971) contains much useful information on antebellum views of and policies toward mental illness. Rothman does an admirable

job of showing that many of the attitudes about mental health that were common in the Gilded Age had their roots in the pre-Civil War years. Rothman's study is more solid and informative than Gerald N. Grob, Mental Institutions in America: Social Policy to 1875 (New York: The Free Press, 1973), though Grob's book does contain some useful information on the origins of the psychiatric profession. Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick: Rutgers University Press, 1964) is also valuable. Dain also has some material on the origins and attitudes of the psychiatric profession. Dain emphasizes the conservatism of early psychiatrists and their desire not to let their medical beliefs conflict with religious truths. Albert Deutsch, The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times, 2nd ed. (New York: Columbia University Press, 1949) has excellent chapters on the antebellum period. Deutsch's thesis is that treatment of the mentally ill in the United States has been a national tragedy. Two studies of members of the Beecher family provide additional insights into this period. William G. McLoughlin, The Meaning of Henry Ward Beecher: An Essay on the Shifting Values of Mid-Victorian America, 1840-1870 (New York: Alfred Knopf, 1970) is a fine analysis of one individual who tried to reconcile the conflicts between religion and science. Katherine Kish Sklar, Catherine Beecher: A Study in American Domesticity (New Haven: Yale University Press, 1973) is an

excellent study of one life lived within the confines and tensions of a restricted womanhood. Another study of an individual who tried to preserve the Mid-Victorian absolutes in a climate of relativism is Daniel Bjork, "Russell Conwell and the Crisis of American Individualism," (doctoral dissertation, University of Oklahoma, 1973).

Several studies deal more specifically with the relationship between cultural change and sexual attitudes. One of the best of these is Barbara Welter, "The Cult of True Womanhood; 1820-1860," American Quarterly, 18 (1966), 151-174. Welter does a good job of presenting the paradigm of womanhood that Victorian America tried so diligently to preserve. Another source for this general subject is Carroll Smith-Rosenberg, "Beauty, the Beast, and the Militant Woman: A Case Study in Sex Roles and Social Stress in Jacksonian America," American Quarterly, 23 (1971), 562-584. Several dissertations offer additional insights that are relevant to the theme of antebellum culture. See Graham J. Barker-Benfield, "The Horrors of the Half Known Life: Aspects of the Exploitation of Women by Men," (doctoral dissertation, University of California, Los Angeles, 1968), Stephen Nissenbaum, "Careful Love: Sylvester Graham and the Emergence of Victorian Sexual Theory in America, 1830-1840," (doctoral dissertation, University of Wisconsin, 1968), and Mary Patricia Ryan, "American Society and the Cult of Domesticity, 1830-1860," (doctoral dissertation, University of California,

Santa Barbara, 1971). To the above sources can be added John Higham, From Boundlessness to Consolidation: The Transformation of American Culture, 1848-1860 (Ann Arbor: William L. Clements Library, 1969), which is an excellent discussion of the general traits of the Jacksonian period.

A couple of additional sources for the medical history of the antebellum years are Norman Dain and Eric T. Carlson, "Social Class and Psychological Medicine in the United States, 1789-1824," Bulletin of the History of Medicine, 33 (1959), 454-465, and John B. Blake, "Women and Medicine in Antebellum America," Bulletin of the History of Medicine, 39 (1965), 99-123. Blake's article is a brief study of Elizabeth Blackwell's career. Blackwell was the first woman to receive a medical degree in the United States in 1849. Also helpful is Joseph F. Kett, The Formation of the American Medical Profession: The Role of Institutions, 1780-1860 (New Haven: Yale University Press, 1968).

Taken as a whole the above listed sources provide a good foundation for the study of those aspects of antebellum culture that bear most directly on the analysis of medicine and social values in the Gilded Age.

Gilded Age

There is a growing amount of secondary literature dealing either directly or indirectly with the problem of neurasthenia. This material makes the relationship between

medicine and social values considerably clearer. Neurasthenia may have been a disease category, but the literature on the problem gives new insights into American culture during an important period. One of the best sources on the medical culture of the Gilded Age is Nathan G. Hale, Jr., Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917 (New York: Oxford University Press, 1971). Though Hale does not treat neurasthenia at any great length, his early chapters are an excellent analysis of American civilized morality in the immediately pre-Freudian period. Hale succeeds in his attempt to clarify the relationship between social ideas and medical theories. Hale's book also contains an informative discussion of the somatic style and its critics. Freud and the Americans is the best single source on the interrelationships between medicine and society in the late nineteenth-century. Hale's study not only provides speculative insights and suggestions for areas of research, but it also places much of the secondary material in perspective. A good complement to Hale is John C. Burnham, Psychoanalysis and American Medicine: 1894-1918: Medicine, Science, and Culture, Vol. 4, no. 4, monograph 20 of Psychological Issues (New York: International Universities, Inc., 1967). Burnham's second chapter, "The Setting Into Which Psychoanalysis Came," contains some valuable information on the conflict between institutional psychiatrists and proponents of neurology. Burnham also points out that the rest cure

bore a resemblance to the psychotherapeutical techniques of the early twentieth-century. Charles E. Rosenberg, The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age (Chicago: University of Chicago Press, 1968) concentrates on the differences between somaticists and their critics in one of the most celebrated trials of the period. Rosenberg's extensive treatment of the McNaughten principle provides an excellent analysis of the competing views of criminal responsibility and irresponsibility and the conflicts within the medical profession concerning hereditarianism, sexuality, and allied problems. Another study that contributes to an understanding of the moral climate is David M. Kennedy, Birth Control in America: The Career of Margaret Sanger (New Haven: Yale University Press, 1970). Most valuable for my purposes is chapter two, "The Nineteenth-Century Heritage: The Family, Feminism, and Sex."

There are a number of sources that contribute to an understanding of the medical profession in the Gilded Age. A good analysis of the state of psychiatric knowledge is J. Sanbourne Bockoven, Moral Treatment in American Psychiatry (New York: Springer Publishing Co., Inc., 1963). H. A. Bunker, ed., One Hundred Years of American Psychiatry ([For the American Psychiatric Association]; New York: Columbia University Press, 1944) has several helpful articles. Worthy of note are H. A. Bunker, "American Psychiatric Literature During the Past One Hundred Years," William Malamud, "The

History of Psychiatric Therapies," and Albert Deutsch, "The History of Mental Hygiene."

There are several studies that deal with the importance of hereditarian thought during this period. Other than the standard sources, Stow Persons, ed., Evolutionary Thought in America: How Scientific Theories of Evolution Have Affected Social and Humanistic Thought (New York: George Braziller, Inc., 1956) and Richard Hofstadter, Social Darwinism in American Thought, revised ed. (Boston: Beacon Press, 1955), several studies are most helpful. Among these are Arthur E. Fink, Causes of Crime: Biological Theories in the United States, 1800-1915 (Philadelphia: University of Pennsylvania Press, 1938), Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought (New Brunswick: Rutgers University Press, 1963), and John S. Haller, Jr., Outcasts From Evolution: Scientific Attitudes of Racial Inferiority, 1859-1900 (Urbana: University of Illinois Press, 1971). For a recent analysis of the impact of Darwinism see Cynthia Eagle Russett, Darwin in America: The Intellectual Response, 1865-1912 (San Francisco: W. H. Freeman and Company, 1976). Referring to the relativistic physics of the twentieth century, Russett argues that only the Victorian period viewed Darwinian verities as transcendant truths. Russett's study takes issue with several of Hofstadter's main points in Social Darwinism in American Thought.

Of the other material dealing with medicine and its

techniques, the following are of special interest. Edward Stainbrook, "The Use of Electricity in Psychiatric Treatment During the Nineteenth-Century," Bulletin of the History of Medicine, 22 (1948), 156-177, includes information regarding George Beard's practices in this area. A discussion of one of the medical fads is Marshall Scott Legan, "Hydropathy in America: A Nineteenth-Century Panacea," Bulletin of the History of Medicine, 45 (1971), 267-280. Two good analyses of everyday medical practice in urban areas are Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," Bulletin of the History of Medicine, 41 (1967), 223-253, and Thomas N. Bonner, "The Social and Political Attitudes of Midwestern Physicians 1840-1940: Chicago as a Case History," Journal of the History of Medicine, 8 (1953), 133-164. Bonner concludes that Chicago's physicians accepted Spencerian fatalism and aligned themselves with the conservative elements of society. Charles E. and Carroll-Smith Rosenberg, "Pietism and Origins of the American Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," Journal of the History of Medicine, 23 (1968), 16-35, emphasizes the religious impact on the medical mind in the late nineteenth-century and argues that there was a high degree of compatability between medical and moral truths. Another of Charles E. Rosenberg's articles deals with the social logic of the medical profession and discusses the profession's abandonment of the urban lower class. See "Social Class and Medical Care

in Nineteenth-Century America: The Rise and Fall of the Dispensary," Journal of the History of Medicine, 29 (1974), 32-54. Two other informative articles are David L. Dykstra, "The Medical Profession and Patent and Proprietary Medicines During the Nineteenth Century," Bulletin of the History of Medicine, 29 (1955), 401-419, and Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," Bulletin of the History of Medicine, 46 (1972), 545-561.

One of the best starting points for a consideration of the secondary literature on neurasthenia is John S. and Robin M. Haller, The Physician and Sexuality in Victorian America (Urbana: University of Illinois Press, 1974). The first chapter, "The Nervous Century," is an analysis of Beard's theories and the impact of neurasthenia on American society. The Hallers argue that neurasthenia was a rationalization of the new industrial order. They believe that the physician was an important authority figure in Victorian America and that the profession exerted a strong moral influence on society. My argument that the medical profession places a premium on adaptation, control, and conservatism shares some of the same assumptions as the Hallers' contention that neurasthenia was a rationalization of middle class behavior. John S. Haller has also written a pair of articles on neurasthenia for the New York State Journal of Medicine. They are "Neurasthenia: Medical Profession and

'Urban Blahs,'" 120 (1970), 2489-2497, and "Neurasthenia: The Medical Profession and the 'New Woman' of Late Nineteenth Century," 121 (1971), 473-482. The ideas in these articles appear in The Physician and Sexuality in Victorian America. Both articles have a good list of primary articles on neurasthenia included in the notes. Donald Meyer, The Positive Thinkers: A Study of the American Quest For Health, Wealth and Personal Power From Mary Baker Eddy to Norman Vincent Peale (Garden City: Doubleday & Company, Inc., 1965) has a first chapter entitled "The Discovery of the 'Nervous American.'" Meyer argues that Beard's message was that afflictions and not achievements characterized American society in the Gilded Age. For a study opposed to Meyer's "male bias," see Gail Thain Parker, Mind Cure in New England From the Civil War to World War I (Hanover: University Press of New England, 1973). Stow Persons, The Decline of American Gentility (New York: University of Columbia Press, 1973) includes a short section on neurasthenia. Persons believes that the prevalence of the ailment among the gentility was one of the signs of the decline of the leisurely lifestyle in American society. The rapid pace of life was not conducive to the gentlemanly life. Nervousness was the medical manifestation of the decline of gentility. I think Persons is incorrect in locating the prevalence of neurasthenia in the upper class and not the urban middle class. H. A. Bunker, "From Beard to Freud: A Brief History of the Concept of Neurasthenia,"

Medical Review of Reviews, 36 (1931), 108-114, is an analysis of neurasthenia within the context of medical history. So too is Philip P. Wiener, "G. M. Beard and Freud on 'American Nervousness,'" Journal of the History of Ideas, 17 (1956), 269-274. Wiener's article includes a fairly complete bibliography of Beard's publications and addresses. Arthur M. Schlesinger took note of neurasthenia in The Rise of the City, 1878-1898 (New York: The MacMillan Company, 1933). He argued that Beard's analysis was a major contribution to work relating to the health problems of urban areas.

While there is still relatively little work dealing specifically with the problem of neurasthenia, there is a growing body of secondary literature that is concerned with the psychological and sociological dimensions of Victorian culture. I have deliberately avoided talking about the material that discusses class, gender, and role in their relationships to medicine in the Gilded Age. Now is the time to do so. Much of this material concerns itself primarily with British culture, but contributions are being made in analyzing the Victorianism of the United States. Some of the work dealing with Great Britain has a carry over value. While historical analogies have to be used with caution, some insights applicable to British culture also contribute to an understanding of American society. Walter Houghton, The Victorian Frame of Mind, 1830-1870 (New Haven: Yale University Press, 1957) argues that the key characteristics of Bri-

tish Victorianism stemmed from the doubt and anxiety that accompanied the emergence of bourgeois industrial society. I think it is fair to say that the United States passed through a similar phase in the Gilded Age.

Steven Marcus, The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth-Century England (New York: Basic Books, 1966) offers a wealth of material dealing with the demi-monde that thrived beneath the surface of Victorian respectability. The most important work dealing with British Victorianism is Peter T. Cominos, "Late-Victorian Sexual Respectability and the Social System," International Review of Social History, 8 (1963), 18-48, 216-250. Cominos is one of the best sources regarding the symbiotic relationship between sexual, economic, and medical theories. Cominos provides an excellent analysis of the orthodox moral code that accompanied the middle class drive for respectability.

There has been a considerable amount of work done in the last several years concerning the characteristics of American Victorianism. A good place to start is with David M. Kennedy's previously mentioned study of Margaret Sanger. Another informational source is Ronald G. Walters, ed., Primers For Prudery: Sexual Advice to Victorian America (Englewood Cliffs: Prentice-Hall, Inc., 1974). This is a handy compendium of sexual common sense. Walters tried to come to grips with what he calls a national anomaly--the

fact that suppression of sexuality mingled with flagrant expression. He concludes that there was a significant distance between prescription and behavior in the area of sexuality. This conclusion is consistent with my argument that deviance from the tenets of orthodox morality was common. A more interpretive analysis of Victorian sexual attitudes is John S. and Robin M. Haller, The Physician and Sexuality in Victorian America. Also of value is Ben Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," in The American Family in Social-Historical Perspective, comp. by Michael Gordon (New York: St. Martin's Press, 1973 336-372. David Pivar, Purity Crusade: Sexual Morality and Social Control, 1868-1900 (Westport: Greenwood Press, Inc., 1973) discusses the breakdown of reticence that resulted from the debate over the national response to industrial vice. Pivar argues that conflicting views (regulationism and reglementationism) over control of prostitution destroyed the rule of silence that permeated Victorian society. Carl N. Degler, "What Ought to Be and What Was: Women's Sexuality in the Nineteenth Century," American Historical Review, 79 (1974), 1467-1490, argues that historians should place less emphasis upon marital manuals and more upon personal testimony. Degler cites the Mosher Survey, a survey of the sexual attitudes of a group of American women, to argue that there was probably more deviance from Victorian strictures than most believe. Degler takes a swipe at Hale and maintains that recent scholar-

ship has oversimplified American Victorianism.

Much of the secondary material on the Gilded Age centers upon questions of gender and class. There is relative unanimity in this literature that the medical profession had a distinct affinity with the urban middle class (what many call the emerging bourgeoisie). There is less unanimity regarding the degree of male bias in medical thought. The problematic nature of woman's role in the 1970's probably accounts for much of the polemical nature of this material. A good place to start here is with the Wood and Morantz articles mentioned earlier. More polemical is a recent publication of the Feminist Press. Barbara Ehrenreich and Deirdre English, Complaints and Disorders: The Sexual Politics of Sickness (Glass Mountain Pamphlet No. 2; Old Westbury: The Feminist Press, 1973) argue that the medical profession was a potent weapon in the arsenal of male domination. They maintain that prestigious medical theories supplanted religous views of female inferiority in an era of secularization. The bulk of the pamphlet applies this thesis to gynecological practices in the late nineteenth-century. This is not a novel interpretation. As a broad generalization I agree with the authors, but I cannot go along with their assertion that this domination was invariably of a conscious and manipulative nature. This assumes that there was a high degree of unanimity in the medical profession and is too simplistic an approach to the problem. Certainly medicine was a

major component of the male ideology, but to argue that physicians engaged in a conspiracy to subjugate women is a bit too overstated. Many physicians simply used methods that were in vogue and relied upon theories they studied in medical school. When confronted with patients with certain problems, they used the accepted therapeutic technique. This does not mean that the medical profession did not have a male bias. A cursory examination of the literature makes this abundantly clear. My difference with Ehrenreich and English is that I do not think this bias was always present as a conscious factor in the physician's behavior. The majority of doctors, like the majority of the population, gave little thought to the underlying principles of their profession. Physicians were no more or less omniscient than anyone else. Radical gynecology, to use Ehrenreich and English's example, resulted as much from complacency with accepted techniques as from male hostility toward female patients. Another source that treats radical gynecology is Graham J. Barker-Benfield, The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America (New York: Harper & Row, 1976). Although I am sympathetic to the uses of psychology in historical writing, I think Barker-Benfield goes a bit too far. He is guilty of a reductionism that leans toward an ahistorical monocausality. Barker-Benfield shares with Ehrenreich and English a tendency to oversimplify matters

of profound psychological complexity.

Charles E. and Carroll Smith-Rosenberg's articles provide some of the most sophisticated analyses of the relationship between medical theory, sexual attitudes, and class status. Carroll Smith-Rosenberg, "The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America," Social Research, 39 (1972), 652-678 is an excellent discussion of the way women used hysteria as a means of gaining power. The author also points out that physicians directed hostility at women who used this method of escaping their inferior status. Closely related to this article is Charles E. and Carroll Smith-Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," Journal of American History, 60 (1973), 332-356. This article stresses the normative nature of medical views of women and argues that physicians believed that biological peculiarities justified woman's circumscribed social role. Charles E. Rosenberg, "Sexuality, Class, and Role in 19th-Century America," American Quarterly, 25 (1972), 131-153 is an excellent analysis of the relationship between sexual attitudes and the culture of the Gilded Age. Rosenberg stresses something that I do not deal with in this study. He points out that there was a definite corollation between religious revivalism and the increasing repressiveness of sexual attitudes during the nineteenth-century. The Rosenbergs' articles make an additional contribution. They deal at length with the methodo-

logical problems of analyzing sexuality, class, and medical beliefs. Their descriptions of the middle class ethos and its relationship with the medical mind are indispensable to my interpretations of the literature on neurasthenia.

Some of my final chapter touches upon a difficult problem. This is the relationship between cultural change and individual identity. It is a widely accepted fact that change produces anxiety, but here the agreement ends. Out of the mass of material that deals with this problem, the following sources make the most sense to me. Two studies of a general nature are valuable: Erich Fromm, Escape From Freedom (New York: Avon Books, 1941), and Rollo May, Man's Search For Himself (New York: W. W. Norton & Company, Inc., 1953) both discuss the relationship between the rise of industrial (bourgeois) society and the concomitant concern with rationality and regularity of behavior in those cultures. Allen Wheelis, The Quest For Identity (New York: W. W. Norton & Company, Inc., 1958) puts forth the argument that cultures produce in individuals those characteristics most functional in that environment. Though Wheelis' study is primarily concerned with the decline of the superego in mid-20th-century American character, some of his generalizations are helpful. Richard Hofstadter, Social Darwinism in American Thought, maintains that American civilized morality in the Gilded Age was quite appropriate to an era of economic pre-abundance. This belief that relative stages of abundance are determinative

factors in character is argued most rigorously in David M. Potter, People of Plenty: Economic Abundance and the American Character (Chicago: University of Chicago Press, 1954). Also helpful is David Riesman's classic The Lonely Crowd: A Study of the Changing American Character (New Haven: Yale University Press, 1950).

I would like to add a final note. It has long been considered the special province of professional medical people to write the history of medicine. This practice assumes that it is possible to separate the internal developments of the profession from their cultural context. I hope that this study on neurasthenia does its part in showing that internal and external developments are often interrelated (not that it is the first effort in this direction). I think that the literature on neurasthenia illustrates that the content and presentation of medical knowledge is often as much a response to a desire for prestige and authority as a result of purely technical advances. This was certainly the case during the Gilded Age when etiological concepts shared many of the assumptions of economic and social thought. Richard Harrison Shryock, Medicine in America: Historical Essays (Baltimore: The Johns Hopkins Press, 1966) is one example of a distinguished historian's attempt to analyze medicine in its cultural context. Shryock believes that medical sources provide valuable insights into social morality and that the internal logic of the profession interacts with the environment. Charles E.

Rosenberg, "On the Study of American Biology and Medicine: Some Justifications," Bulletin of the History of Medicine, 38 (1964), 364-394 also argues that scientific ideas often serve as an idiom of social thought. In the case of the United States, Rosenberg maintains that there is a definite relationship between patterns of economic growth and changes in medical theory. Shryock and Rosenberg offer cogent reasons why medicine should be a concern of the professional historian. Medicine is an integral part of culture and should be studied.